| Fill in this information to identify you                           | r case:                                                                   |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| United States Bankruptcy Court for the:  EASTERN DISTRICT OF TEXAS |                                                                           |
| Case number (if known):                                            | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

# Part 1: Identify Yourself

|    | identity Yourself                                                                     |                                                |                                                |  |  |
|----|---------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|--|--|
| 1. | Your full name                                                                        | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case)   |  |  |
| •  | Write the name that is on your government-issued picture identification (for example, | Bobby<br>First Name                            | Stephanie<br>First Name                        |  |  |
|    | your driver's license or                                                              | Middle Name                                    | Carol Cook Middle Name                         |  |  |
|    | passport).                                                                            | Stoker                                         | Stoker                                         |  |  |
|    | Bring your picture identification to your meeting                                     | Last Name                                      | Last Name                                      |  |  |
|    | with the trustee.                                                                     | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                     |  |  |
| 2. | All other names you                                                                   |                                                | Stephanie                                      |  |  |
|    | have used in the last 8                                                               | First Name                                     | First Name                                     |  |  |
|    | years                                                                                 | Middle Name                                    | Middle Name                                    |  |  |
|    | Include your married or                                                               | made rame                                      | Jones                                          |  |  |
|    | maiden names.                                                                         | Last Name                                      | Last Name                                      |  |  |
| 3. | Only the last 4 digits of your Social Security                                        | xxx - xx - <u>9</u> <u>9</u> <u>4</u> <u>0</u> | xxx - xx - <u>7</u> <u>7</u> <u>2</u> <u>2</u> |  |  |
|    | number or federal<br>Individual Taxpayer                                              | OR                                             | OR                                             |  |  |
|    | Identification number                                                                 | 9xy - xy -                                     | 9xy - xy -                                     |  |  |

(ITIN)

| Debtor 1 Debtor 2 Bobby Stoker Stephanie Carol Co |                    |                              | ook Stoker                                                                                                                                          | ase number (if known)                                                                                                                             |  |  |
|---------------------------------------------------|--------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                   |                    |                              | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                     |  |  |
| 4.                                                | •                  | business names               | ✓ I have not used any business names or EIN                                                                                                         | ls.   I have not used any business names or EINs.                                                                                                 |  |  |
|                                                   | and En             | nployer<br>cation Numbers    |                                                                                                                                                     | Cook Mobile Notary Service                                                                                                                        |  |  |
|                                                   |                    | ou have used in<br>t 8 years | Business name                                                                                                                                       | Business name                                                                                                                                     |  |  |
|                                                   | Include            | trade names and              | Business name                                                                                                                                       | Business name                                                                                                                                     |  |  |
|                                                   | doing b            | usiness as names             | Business name                                                                                                                                       | Business name                                                                                                                                     |  |  |
|                                                   |                    |                              | EIN                                                                                                                                                 | EIN                                                                                                                                               |  |  |
|                                                   |                    |                              | EIN                                                                                                                                                 | EIN                                                                                                                                               |  |  |
| 5.                                                | Where              | you live                     |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                         |  |  |
|                                                   |                    |                              | 908 Garden Drive Number Street                                                                                                                      | Number Street                                                                                                                                     |  |  |
|                                                   |                    |                              | - Training Greek                                                                                                                                    | Number Circu                                                                                                                                      |  |  |
|                                                   |                    |                              |                                                                                                                                                     |                                                                                                                                                   |  |  |
|                                                   |                    |                              | Longview TX 75603                                                                                                                                   |                                                                                                                                                   |  |  |
|                                                   |                    |                              | City State ZIP Code                                                                                                                                 | City State ZIP Code                                                                                                                               |  |  |
|                                                   |                    |                              | Gregg<br>County                                                                                                                                     | County                                                                                                                                            |  |  |
|                                                   |                    |                              | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |  |  |
|                                                   |                    |                              | Number Street                                                                                                                                       | Number Street                                                                                                                                     |  |  |
|                                                   |                    |                              | P.O. Box                                                                                                                                            | P.O. Box                                                                                                                                          |  |  |
|                                                   |                    |                              | City State ZIP Code                                                                                                                                 | City State ZIP Code                                                                                                                               |  |  |
| 6.                                                |                    | ou are choosing              | Check one:                                                                                                                                          | Check one:                                                                                                                                        |  |  |
|                                                   | this dis<br>bankru | strict to file for<br>ptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                              |  |  |
|                                                   |                    |                              | I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                             | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                         |  |  |
| P                                                 | art 2:             | Tell the Court A             | bout Your Bankruptcy Case                                                                                                                           |                                                                                                                                                   |  |  |
| 7.                                                | The ch             | apter of the                 | Chack one: (For a brief description of each cook                                                                                                    | lotice Required by 11 U.S.C. § 342(b) for Individuals Filing                                                                                      |  |  |
| ٠.                                                | Bankru             | ptcy Code you                | for Bankruptcy (Form 2010)). Also, go to the top of                                                                                                 |                                                                                                                                                   |  |  |
|                                                   | are cho<br>under   | oosing to file               | ✓ Chapter 7                                                                                                                                         |                                                                                                                                                   |  |  |
|                                                   |                    |                              | Chapter 11                                                                                                                                          |                                                                                                                                                   |  |  |
|                                                   |                    |                              | Chapter 12                                                                                                                                          |                                                                                                                                                   |  |  |
|                                                   |                    |                              | Chapter 13                                                                                                                                          |                                                                                                                                                   |  |  |

|     | btor 1 Bobby Stoker Stephanie Car                     | ol Cook Stoker                  |                                                                                                                                                                               | Case number (if kno                                                                           | own)                                                                                                                                              |  |  |  |
|-----|-------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 8.  | How you will pay the fe                               | court fo                        | or more details about how you n                                                                                                                                               | nay pay. Typically, if you are yorder. If your attorney is                                    | with the clerk's office in your local<br>re paying the fee yourself, you may<br>s submitting your payment on your<br>re-printed address.          |  |  |  |
|     |                                                       | ш                               | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). |                                                                                               |                                                                                                                                                   |  |  |  |
|     |                                                       | By law,<br>than 15<br>fee in in | a judge may, but is not require 50% of the official poverty line t                                                                                                            | d to, waive your fee, and m<br>nat applies to your family si<br>option, you must fill out the | nly if you are filing for Chapter 7. ay do so only if your income is less ze and you are unable to pay the e Application to Have the Chapter 7 n. |  |  |  |
| 9.  | Have you filed for                                    | <b>☑</b> No                     |                                                                                                                                                                               |                                                                                               |                                                                                                                                                   |  |  |  |
|     | bankruptcy within the last 8 years?                   | Yes.                            |                                                                                                                                                                               |                                                                                               |                                                                                                                                                   |  |  |  |
|     |                                                       | District                        |                                                                                                                                                                               | When                                                                                          | Case number                                                                                                                                       |  |  |  |
|     |                                                       |                                 |                                                                                                                                                                               |                                                                                               |                                                                                                                                                   |  |  |  |
|     |                                                       | District                        |                                                                                                                                                                               | when<br>MM/DD/Y                                                                               | Case number                                                                                                                                       |  |  |  |
|     |                                                       | District                        |                                                                                                                                                                               | When                                                                                          | Case number                                                                                                                                       |  |  |  |
| 10. | Are any bankruptcy                                    | <b>⊘</b> No                     |                                                                                                                                                                               | IMIM / DD / 1                                                                                 | 1111                                                                                                                                              |  |  |  |
|     | cases pending or being                                | <b>□</b> Vaa                    |                                                                                                                                                                               |                                                                                               |                                                                                                                                                   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with |                                 |                                                                                                                                                                               |                                                                                               |                                                                                                                                                   |  |  |  |
|     | you, or by a business                                 | Debtor                          |                                                                                                                                                                               |                                                                                               | tionship to you                                                                                                                                   |  |  |  |
|     | partner, or by an affiliate?                          | District                        |                                                                                                                                                                               |                                                                                               | Case number, if known                                                                                                                             |  |  |  |
|     |                                                       | Debtor                          |                                                                                                                                                                               | Relat                                                                                         | tionship to you                                                                                                                                   |  |  |  |
|     |                                                       | District                        |                                                                                                                                                                               | When MM/DD/Y                                                                                  | Case number,                                                                                                                                      |  |  |  |
| 11. | Do you rent your residence?                           | <u> </u>                        | Go to line 12.<br>Has your landlord obtained an e                                                                                                                             | eviction judgment against yo                                                                  | ou?                                                                                                                                               |  |  |  |
|     |                                                       | ]<br>[                          | No. Go to line 12.  Yes. Fill out Initial Statem and file it as part of this ba                                                                                               | •                                                                                             | ment Against You (Form 101A)                                                                                                                      |  |  |  |

|     | tor 1 Bobby Stoker<br>tor 2 Stephanie Carol Co                                                                                                                                                       | ok S                    | toker                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | Case                                                                                                                          | number (if known)                                       |         |                         |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------|-------------------------|
| Pa  | Report About Ar                                                                                                                                                                                      | ıy Bı                   | usine                                                                                                                                                                                                                                                                                                                                                                                                                  | sses You Own as                                                                                                     | a Sole Proprietor                                                                                                             |                                                         |         |                         |
| 12. | Are you a sole proprietor of any full- or part-time business?                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                                                                                                        | Go to Part 4.<br>Name and location of b                                                                             | ousiness                                                                                                                      |                                                         |         |                         |
|     | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership, or<br>LLC.                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                        | dba Cook Mobile N Name of business, if any  908 Garden Drive, Number Street                                         |                                                                                                                               |                                                         |         |                         |
|     | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                        | Health Care Bus Single Asset Rea Stockbroker (as                                                                    | e box to describe your beiness (as defined in 11 al Estate (as defined in defined in 11 U.S.C. § fer (as defined in 11 U.S.C. | U.S.C. § 101(27A))<br>11 U.S.C. § 101(51B)<br>101(53A)) | ZIP Co  | ode                     |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a small business                                                                                                         |                         | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |                                                                                                                     |                                                                                                                               |                                                         |         |                         |
|     | debtor?                                                                                                                                                                                              | $\overline{\mathbf{V}}$ | No.                                                                                                                                                                                                                                                                                                                                                                                                                    | I am not filing under C                                                                                             | chapter 11.                                                                                                                   |                                                         |         |                         |
|     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).                                                                                                                                 |                         | No.                                                                                                                                                                                                                                                                                                                                                                                                                    | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition the Bankruptcy Code. |                                                                                                                               |                                                         |         | ng to the definition in |
|     |                                                                                                                                                                                                      |                         | Yes.                                                                                                                                                                                                                                                                                                                                                                                                                   | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |                                                                                                                               |                                                         |         | he definition in the    |
| Pa  | Report If You Ov                                                                                                                                                                                     | vn o                    | r Hav                                                                                                                                                                                                                                                                                                                                                                                                                  | e Any Hazardous                                                                                                     | Property or Any P                                                                                                             | roperty That Nee                                        | eds Imm | nediate Attention       |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? |                         | No<br>Yes.                                                                                                                                                                                                                                                                                                                                                                                                             | What is the hazard?                                                                                                 |                                                                                                                               |                                                         |         |                         |
|     |                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                        | If immediate attention                                                                                              | is needed, why is it ne                                                                                                       | eded?                                                   |         |                         |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                        | Where is the property                                                                                               | ?<br>Number Street                                                                                                            |                                                         |         |                         |
|     |                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     | City                                                                                                                          |                                                         | State   | ZIP Code                |

Debtor 2 Stephanie Carol Cook Stoker Case number (if known)

### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:** 

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐ I am not require | d to receive a briefing about       |
|--------------------|-------------------------------------|
| credit counselin   | ng because of:                      |
| ☐ Incapacity.      | I have a mental illness or a mental |

deficiency that makes me incapable of realizing or making rational decisions about finances.

through the internet, even after I

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐ I am not required to receive a briefing a | bout |
|---------------------------------------------|------|
| credit counseling because of:               |      |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

|     | btor 1 Bobby Stoker Stephanie Carol Co                                                                                                                                                  | ook St | oker                            |               |                                               |        | Case number (if                                                                                                    | know  | n)                                                                                                                   |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|---------------|-----------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------|
| P   | art 6: Answer These G                                                                                                                                                                   | Quest  | ions                            | for           | Reporting Pu                                  | rpos   | ses                                                                                                                |       |                                                                                                                      |
| 16. | What kind of debts do you have?                                                                                                                                                         | 16a    |                                 | incu<br>No    |                                               |        | sumer debts? Consumer de rimarily for a personal, family,                                                          |       | re defined in 11 U.S.C. § 101(8)<br>usehold purpose."                                                                |
|     |                                                                                                                                                                                         | 16b    |                                 | ney i         |                                               |        | iness debts? Business debt<br>tment or through the operation                                                       |       | debts that you incurred to obtain e business or investment.                                                          |
|     |                                                                                                                                                                                         | 16c    | . Sta                           | te th         | e type of debts yo                            | ou owe | e that are not consumer or bus                                                                                     | sines | debts.                                                                                                               |
| 17. | Are you filing under Chapter 7?                                                                                                                                                         |        | No.                             | Ιa            | m not filing under                            | Chap   | oter 7. Go to line 18.                                                                                             |       |                                                                                                                      |
|     | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? |        | Yes.                            |               | •                                             |        | •                                                                                                                  | -     | xempt property is excluded and to distribute to unsecured creditors?                                                 |
|     |                                                                                                                                                                                         |        |                                 | ✓             | No                                            |        |                                                                                                                    |       |                                                                                                                      |
|     |                                                                                                                                                                                         |        |                                 |               | Yes                                           |        |                                                                                                                    |       |                                                                                                                      |
| 18. | How many creditors do you estimate that you owe?                                                                                                                                        |        | 1-49<br>50-99<br>100-1<br>200-9 | 199           |                                               |        | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                                                       |       | 25,001-50,000<br>50,001-100,000<br>More than 100,000                                                                 |
| 19. | How much do you estimate your assets to be worth?                                                                                                                                       |        | \$100                           | 001-9<br>,001 | 00<br>\$100,000<br>-\$500,000<br>-\$1 million |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. | How much do you estimate your liabilities to be?                                                                                                                                        |        | \$100                           | 001-9<br>,001 | 00<br>\$100,000<br>-\$500,000<br>-\$1 million |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |

Debtor 2 Stephanie Carol Cook Stoker Case number (if known)

### Part 7:

Sign Below

#### For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Bobby Stoker

X /s/ Stephanie Carol Cook Stoker

Stephanie Carol Cook Stoker, Debtor 2

Executed on <u>06/10/2019</u> MM / DD / YYYY

Bobby Stoker, Debtor 1

Executed on <u>06/10/2019</u> MM / DD / YYYY

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Car                                       | DI Cook Stoker Case number (if known)                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| For your attorney, if you are represented by one                                   | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to |  |  |  |  |  |  |  |
| f you are not represented by<br>an attorney, you do not need<br>to file this page. | the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.                                                                                                  |  |  |  |  |  |  |  |
|                                                                                    | X /s/ Carol Cross Stone Signature of Attorney for Debtor  Date 06/10/2019 MM / DD / YYYY                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |
|                                                                                    | Carol Cross Stone                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
|                                                                                    | Printed name  Law Office of Carol Cross Stone                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                    | Firm Name 1118 Judson Road                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |
|                                                                                    | Number Street                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                    | Longview TX 75601 City State ZIP Code                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|                                                                                    | Contact phone (903) 759-5922 Email address carol@crossstone.com                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |

State

**24064289**Bar number

| ormation to ide                                                   | entify your case a                    | and this filing:                                                          |                                                                                                 |                                                                                                             |  |  |  |  |
|-------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Bobby                                                             |                                       | Stoker                                                                    |                                                                                                 |                                                                                                             |  |  |  |  |
| First Name                                                        | Middle Name                           | Last Name                                                                 |                                                                                                 |                                                                                                             |  |  |  |  |
| Stephanie                                                         | Carol Cook                            | Stoker                                                                    |                                                                                                 |                                                                                                             |  |  |  |  |
| First Name                                                        | Middle Name                           | Last Name                                                                 |                                                                                                 |                                                                                                             |  |  |  |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS |                                       |                                                                           |                                                                                                 |                                                                                                             |  |  |  |  |
| Case number Check if this is an                                   |                                       |                                                                           |                                                                                                 |                                                                                                             |  |  |  |  |
|                                                                   |                                       |                                                                           | _                                                                                               | amended filing                                                                                              |  |  |  |  |
|                                                                   | Bobby First Name Stephanie First Name | Bobby First Name Middle Name  Stephanie Carol Cook First Name Middle Name | First Name Middle Name Last Name  Stephanie Carol Cook Stoker  First Name Middle Name Last Name | Bobby Stoker First Name Middle Name Last Name  Stephanie Carol Cook Stoker First Name Middle Name Last Name |  |  |  |  |

### Official Form 106A/B

# Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| 1.1.  908 Garden Drive  Street address, if available, or other description | What is the property?  Check all that apply.  ✓ Single-family home                                                                                    | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |                                                    |  |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|
| Longview TX 75603                                                          | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                                                                  | Current value of the entire property? \$174,550.00                                                                                             | Current value of the portion you own? \$174,550.00 |  |  |
| City State ZIP Code  Gregg County                                          | Land ☐ Investment property ☐ Timeshare ☐ Other                                                                                                        | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.                    |                                                    |  |  |
| Homestead: 908 Garden Drive                                                | Who has an interest in the property? Check one.                                                                                                       | Fee Simple                                                                                                                                     |                                                    |  |  |
|                                                                            | <ul> <li>✓ Debtor 1 only</li> <li>☐ Debtor 2 only</li> <li>☐ Debtor 1 and Debtor 2 only</li> <li>☐ At least one of the debtors and another</li> </ul> | Check if this is comn (see instructions)                                                                                                       | nunity property                                    |  |  |
|                                                                            |                                                                                                                                                       |                                                                                                                                                |                                                    |  |  |

Legal Description: Lt 16 Blk 1 Big T Ranchettes #1

4 acres. Market value per tax assessor is \$260,240. Debtors disagree with value and believe fair market value approx. \$174,550. Home has reverse mortgage which exceeds value.

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                                                      |                                                  |                                                                                                                                                       | Case number (if known)                                                                                                                          |                                       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| 1.2.<br>2205 Blee<br>Street addres                                                                              | dsoe                                             | What is the property? Check all that apply.  Single-family home                                                                                       | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property. |                                       |  |  |  |
|                                                                                                                 |                                                  | Duplex or multi-unit building  Condominium or cooperative                                                                                             | Current value of the entire property?                                                                                                           | Current value of the portion you own? |  |  |  |
| Marshall                                                                                                        | TX 75670                                         | Manufactured or mobile home                                                                                                                           | \$8,000.00                                                                                                                                      | \$8,000.00                            |  |  |  |
| City  Harrison                                                                                                  | State ZIP Code                                   | Land Investment property Timeshare Other                                                                                                              | Describe the nature of your ownership interest (such as fee simple, tenancy by entireties, or a life estate), if known.                         |                                       |  |  |  |
| County                                                                                                          |                                                  | Who has an interest in the property?                                                                                                                  | Fee Simple                                                                                                                                      |                                       |  |  |  |
| 2205 Bled                                                                                                       | dsoe                                             | Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                    | Check if this is community property (see instructions)                                                                                          |                                       |  |  |  |
| from hail                                                                                                       |                                                  | Blk: 4, Subd: J I Carter, Hse. Small 2 I was paid to roofer for roof replacemen lues house at about \$8,000.                                          |                                                                                                                                                 |                                       |  |  |  |
| 1.3.<br>Morton                                                                                                  |                                                  | What is the property? Check all that apply.                                                                                                           | Do not deduct secured cla<br>amount of any secured cla<br>Creditors Who Have Claim                                                              | ims on Schedule D:                    |  |  |  |
|                                                                                                                 | orton Street<br>cres: 0.144, Lot 6, Blk 4, Subd: | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative                                                                     | Current value of the entire property?                                                                                                           | Current value of the portion you own? |  |  |  |
|                                                                                                                 | w 2nd, V. Tax value is \$1820.                   | ☐ Manufactured or mobile home                                                                                                                         | \$1,000.00                                                                                                                                      | \$1,000.00                            |  |  |  |
| Debtors disagrees with tax value. Debtor values at less than \$1000. Has tried to sell for \$500 and could not. |                                                  | <ul><li>✓ Land</li><li>☐ Investment property</li><li>☐ Timeshare</li><li>☐ Other</li></ul>                                                            | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.                     |                                       |  |  |  |
| Harrison<br>County                                                                                              |                                                  | Who has an interest in the property? Check one.                                                                                                       | Fee Simple                                                                                                                                      |                                       |  |  |  |
|                                                                                                                 |                                                  | <ul> <li>✓ Debtor 1 only</li> <li>☐ Debtor 2 only</li> <li>☐ Debtor 1 and Debtor 2 only</li> <li>☐ At least one of the debtors and another</li> </ul> | Check if this is comm<br>(see instructions)                                                                                                     | nunity property                       |  |  |  |
|                                                                                                                 |                                                  | Other information you wish to add about property identification number:                                                                               | t this item, such as local                                                                                                                      |                                       |  |  |  |

| Debtor 1 Bobby 9 Stephan                            | Stoker<br>nie Carol Cook Stoker | Cas                                                                                                                                                   | se number (if known)                                                                                                                            |                                       |  |
|-----------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| 1.4.<br>3046 50th Street<br>3046 50th St, Dallas TX |                                 | What is the property? Check all that apply.  ☑ Single-family home □ Duplex or multi-unit building                                                     | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property. |                                       |  |
| 3040 30th St, Dana                                  | 5 TA                            | Condominium or cooperative                                                                                                                            | Current value of the entire property?                                                                                                           | Current value of the portion you own? |  |
| Dallas                                              |                                 | Manufactured or mobile home                                                                                                                           | \$25,000.00                                                                                                                                     | \$12,500.00                           |  |
| County                                              |                                 | ☐ Land ☐ Investment property ☐ Timeshare ☐ Other                                                                                                      | Describe the nature of you interest (such as fee simp entireties, or a life estate).                                                            | le, tenancy by the<br>, if known.     |  |
|                                                     |                                 | Who has an interest in the property? Check one.                                                                                                       | Undivided 50% interest                                                                                                                          | <u> </u>                              |  |
|                                                     |                                 | <ul> <li>□ Debtor 1 only</li> <li>☑ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul> | Check if this is comm (see instructions)                                                                                                        | unity property                        |  |
|                                                     |                                 | Other information you wish to add about property identification number: 44752                                                                         | •                                                                                                                                               | _                                     |  |
|                                                     | 30. Debtor disagrees            | with tax value and values at \$25,000.<br>n, sewer, floor, plumbing, roof, etc. all                                                                   |                                                                                                                                                 | ong with brother.                     |  |
|                                                     |                                 | own for all of your entries from Part 1, incl<br>Part 1. Write that number here                                                                       |                                                                                                                                                 | \$196,050.00                          |  |
| Part 2: Descr                                       | ibe Your Vehicles               |                                                                                                                                                       | •                                                                                                                                               |                                       |  |
| you own that someone                                | else drives. If you lease       | interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Exec                                                              | _                                                                                                                                               | •                                     |  |
| 3. Cars, vans, truck  □ No □ Yes                    | ks, tractors, sport utility     | venicies, motorcycles                                                                                                                                 |                                                                                                                                                 |                                       |  |
| 3.1. Make: Model:                                   | Ford<br>Focus                   | Who has an interest in the property? Check one.  Debtor 1 only                                                                                        | Do not deduct secured clair<br>amount of any secured clair<br>Creditors Who Have Claims                                                         | ms on <i>Schedule D:</i>              |  |
| Year:                                               | 2014                            | Debtor 2 only  Debtor 1 and Debtor 2 only                                                                                                             | Current value of the entire property?                                                                                                           | Current value of the portion you own? |  |
| Approximate mileage:                                | 65,000                          | At least one of the debtors and another                                                                                                               |                                                                                                                                                 | \$7,825.00                            |  |
| Other information:                                  |                                 | Check if this is community property                                                                                                                   |                                                                                                                                                 |                                       |  |
| 2014 Ford Focus<br>Mileage: 65,000                  |                                 | Check if this is community property (see instructions)                                                                                                |                                                                                                                                                 |                                       |  |
| 3.2.<br>Make:                                       | Harley Davidson                 | Who has an interest in the property? Check one.                                                                                                       | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> :                                         |                                       |  |
| Model:                                              | Streetglide Motorcy             | Debtor 1 only  Debtor 2 only                                                                                                                          | Creditors Who Have Claims  Current value of the                                                                                                 | Current value of the                  |  |
| Year:                                               | 2017                            | Debtor 2 only  Debtor 1 and Debtor 2 only                                                                                                             | entire property?                                                                                                                                | portion you own?                      |  |
| Approximate mileage:                                | 9,500                           | At least one of the debtors and another                                                                                                               | \$17,185.00                                                                                                                                     | \$17,185.00                           |  |
| Other information:                                  | an Ctrootelida                  | Chook if this is community nuclearly                                                                                                                  |                                                                                                                                                 |                                       |  |
| 2017 Harley Davids<br>Motorcycle Mileago            | _                               | Check if this is community property (see instructions)                                                                                                |                                                                                                                                                 |                                       |  |

| Debtor 1 Bobby 3 Stephal                                                                                                       | Stoker<br>nie Carol Cook Stoker                                                    | Cas                                                                                                                                                                                                                                                                                                                                                               | se number (if known)                                                                                                                             |                          |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 3.3. Make: Model: Year: Approximate mileage: Other information: 2017 Ford F-250 Mileage: 15,100                                | Ford<br>F-150<br>2017<br>15,100                                                    | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)                                                                                                                                                  | Do not deduct secured clai<br>amount of any secured clai<br>Creditors Who Have Claim.<br>Current value of the<br>entire property?<br>\$60,212.50 | ms on <i>Schedule D:</i> |
| 3.4. Make: Model: Year: Approximate mileage: Other information: 1969 Volkswagon I 200,000 miles). Fai                          | Bug (approx.<br>r condition. Needs                                                 | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)                                                                                                                                                  | Do not deduct secured clai amount of any secured clai Creditors Who Have Claim.  Current value of the entire property?  \$8,050.00               | ms on Schedule D:        |
| 4. Watercraft, aircr                                                                                                           | Ford F-150 1986 200,000  pprox. 200,000 n. Rough condition. aft, motor homes, ATVs | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) and other recreational vehicles, other vehal watercraft, fishing vessels, snowmobiles, manual check of the community property (see instructions) |                                                                                                                                                  | ms on Schedule D:        |
| Yes  4.1.  Make:  Model:  Year:  Other information:  2006 Artic Cat - rur fair. Use for checki garbage out, mail, (when have.) | ing fences, putting                                                                | Who has an interest in the property? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                                                                                                         | Do not deduct secured clai<br>amount of any secured clai<br>Creditors Who Have Claim.<br>Current value of the<br>entire property?<br>\$1,000.00  | ms on Schedule D:        |
| 4.2. Make: Model: Year: Other information: Starcraft boat. Lea                                                                 | ve motor, but needs                                                                | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                                                                                                           | Do not deduct secured clai<br>amount of any secured clai<br>Creditors Who Have Claim.<br>Current value of the<br>entire property?<br>\$250.00    | ms on Schedule D:        |
| 5. Add the dollar va                                                                                                           | alue of the portion you o                                                          | own for all of your entries from Part 2, inclu                                                                                                                                                                                                                                                                                                                    | uding any                                                                                                                                        | \$95,522.50              |

|             | otor 1<br>otor 2 | Bobby Stoker Stephanie Carol Cook Stoker Case number (if known)                                                                                                                                                                           |                                                                                   |
|-------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Pa          | art 3:           | Describe Your Personal and Household Items                                                                                                                                                                                                |                                                                                   |
| Do <u>y</u> | you owr          | or have any legal or equitable interest in any of the following items?                                                                                                                                                                    | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.          | Examp            | nold goods and furnishings<br>les: Major appliances, furniture, linens, china, kitchenware                                                                                                                                                |                                                                                   |
|             | ☐ No ✓ Yes       | s. Describe See continuation page(s).                                                                                                                                                                                                     | \$3,700.00                                                                        |
| 7.          | Electro<br>Examp | enics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games                                 |                                                                                   |
|             | □ No ☑ Yes       | s. Describe Electronics: 4 TV's, 3 Cell Phones, Desktop & Laptop                                                                                                                                                                          | \$500.00                                                                          |
| 8.          |                  | <ul><li>ibles of value</li><li>les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</li></ul> |                                                                                   |
|             | □ No ✓ Yes       | s. Describe Misc. Art, Music, Videos, Family Photos, Books & Collectibles                                                                                                                                                                 | \$250.00                                                                          |
| 9.          |                  | nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments                                             |                                                                                   |
|             | ☐ No<br>✓ Yes    | s. Describe Sports/Hobby Equipment: Pool Table, Golf Clubs, old rods and reels                                                                                                                                                            | \$500.00                                                                          |
| 10.         |                  | ns les: Pistols, rifles, shotguns, ammunition, and related equipment                                                                                                                                                                      |                                                                                   |
|             | ☐ No<br>✓ Yes    | s. Describe Firearms: Glock 19 (250), 3 Rifles (\$200 each), small amount of ammo (50)                                                                                                                                                    | \$850.00                                                                          |
| 11.         | •                | s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories                                                                                                                                                           |                                                                                   |
|             | ☐ No ✓ Yes       | s. Describe See continuation page(s).                                                                                                                                                                                                     | \$800.00                                                                          |
| 12.         | Jewelr<br>Examp  | y les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver                                                                                                                  |                                                                                   |
|             | ☐ No ✓ Yes       | s. Describe See continuation page(s).                                                                                                                                                                                                     | \$1,500.00                                                                        |
| 13.         | Examp            | rm animals<br>les: Dogs, cats, birds, horses                                                                                                                                                                                              |                                                                                   |
|             | ☐ No ✓ Yes       | s. Describe Pets: Dog                                                                                                                                                                                                                     | \$50.00                                                                           |
| 14.         | did not          | ner personal and household items you did not already list, including any health aids you<br>list                                                                                                                                          |                                                                                   |
|             |                  | s. Give specific                                                                                                                                                                                                                          |                                                                                   |
| 15.         |                  | e dollar value of all of your entries from Part 3, including any entries for pages you have ed for Part 3. Write the number here                                                                                                          | \$8,150.00                                                                        |

Debtor 1 **Bobby Stoker** Debtor 2 **Stephanie Carol Cook Stoker** Case number (if known) Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your □ No \$75.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No **∀** Yes..... Institution name: 17.1. Checking account: Eastman Credit Union xx4394 \$441.00 17.2. Checking account: Eastman Credit Union xx4493 \$184.35 17.3. Checking account: USAA xx7374-9 \$41.12 17.4. Checking account: Bank of America Checking account (Exclusively social security) \$550.12 17.5. Savings account: Eastman Credit Union xx4419 \$5,012.22 17.6. Eastman Credit Union xx4500 Savings account: \$5.07 17.7. Savings account: USAA xx6898-9 Wife/ Daughter Account Funds belong to daughter. Joint Debtor co-listed due to daughter's age. Account balance 3.13 \$0.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **☑** No Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **☑** No Yes. Give specific information about Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **☑** No Yes. Give specific information about them..... Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name:

Case 19-60396 Doc 1 Filed 06/10/19 Entered 06/10/19 17:51:37 Desc Main Document Page 15 of 89

| Deb<br>Deb | Bobby Stoker Stephanie Caro                                              | l Cook Stoker          | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                              |
|------------|--------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------|
|            |                                                                          | 401(k) or similar plan | Wife - 401(k) through employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | \$37,000.00                                                                  |
|            | I                                                                        | Pension plan:          | Wife - Pension plan through employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | \$40,000.00                                                                  |
| 22.        |                                                                          | eposits you have mad   | de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                              |
|            | <b>☑</b> No                                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                              |
|            | ☐ Yes                                                                    |                        | nstitution name or individual:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                              |
| 23.        | Annuities (A contract for a No Yes                                       |                        | syment of money to you, either for life or for a number of years escription:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | )                   |                                                                              |
| 24.        | —                                                                        |                        | in a qualified ABLE program, or under a qualified state tuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ion progran         | n.                                                                           |
|            | 26 U.S.C. §§ 530(b)(1), 529                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | p. og               | -                                                                            |
|            | <b>☑</b> No                                                              | Lange Caramana         | delicación o Caracada (finite accordo de caracada de c | 1100 650            | 47-2                                                                         |
|            | _                                                                        |                        | d description. Separately file the records of any interests. 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | U.S.C. § 52         | 1(c)                                                                         |
| 25.        | Trusts, equitable or future powers exercisable for you                   |                        | rty (other than anything listed in line 1), and rights or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                              |
|            | <ul><li>No</li><li>Yes. Give specific information about them</li></ul>   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                              |
| 26.        |                                                                          |                        | ts, and other intellectual property; roceeds from royalties and licensing agreements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                              |
|            | <ul><li>No</li><li>Yes. Give specific information about them</li></ul>   | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                              |
| 27.        | <b>Licenses, franchises, and</b> <i>Examples:</i> Building permits       | _                      | ngibles<br>, cooperative association holdings, liquor licenses, profession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | al licenses         |                                                                              |
|            | <ul><li>No</li><li>✓ Yes. Give specific information about them</li></ul> |                        | le license, notary license, security officer<br>carry firearms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | \$0.00                                                                       |
|            |                                                                          | Not transferrable      | e - no market value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                              |
| Mor        | ey or property owed to yo                                                | u?                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>port</b><br>Do n | rent value of the<br>ion you own?<br>not deduct secured<br>ns or exemptions. |
| 28.        | Tax refunds owed to you                                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                              |
|            | ✓ No  Yes. Give specific info                                            |                        | ŗ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Federal:            |                                                                              |
|            | about them, including v                                                  |                        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State:              |                                                                              |
|            | and the tax years                                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br>Local:          |                                                                              |
|            |                                                                          |                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                              |

| Debt<br>Debt | tor 1<br>tor 2         | Bobby Stoker Stephanie Carol Coo                           | ok Stoker                                                                                                                                           | Case number (if known)             |                  |
|--------------|------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|
| 29.          | Exampl                 |                                                            | m alimony, spousal support, child support, mair                                                                                                     | ntenance, divorce settlement, prop | perty settlement |
|              | ✓ No                   | s. Give specific information                               | ion                                                                                                                                                 | Alimony:                           |                  |
|              | ш                      | ·                                                          |                                                                                                                                                     | Maintenance:                       |                  |
|              |                        |                                                            |                                                                                                                                                     | Support:                           |                  |
|              |                        |                                                            |                                                                                                                                                     | Divorce settlem                    | uent:            |
|              |                        |                                                            |                                                                                                                                                     | Property settlen                   | nent:            |
| 30.          | Example No             | compensation, Socia                                        | s you  illity insurance payments, disability benefits, sic al Security benefits; unpaid loans you made to s  ion Husband receives Social Security R | someone else                       | \$0.00           |
| 31.          | Interes Example No Yes | ets in insurance policies<br>les: Health, disability, or l |                                                                                                                                                     |                                    |                  |
|              |                        |                                                            | Wife - Group term Life Insurance                                                                                                                    |                                    | ** **            |
|              |                        |                                                            | through employer - no cash value                                                                                                                    |                                    | \$0.00           |
|              |                        |                                                            | Global Life Insurance - no cash value                                                                                                               | Daughter, Granddaughter & Son      | \$<br>\$0.00     |
| 32.          | If you a entitled  No  | re the beneficiary of a livi<br>to receive property becar  |                                                                                                                                                     | policy, or are currently           |                  |
| 33           | _                      | s. Give specific information                               | on<br>hether or not you have filed a lawsuit or ma                                                                                                  | do a domand for nayment            |                  |
| JJ.          | Exampl                 | les: Accidents, employme                                   | ent disputes, insurance claims, or rights to sue                                                                                                    |                                    |                  |
|              | ☐ No<br>✓ Yes          |                                                            | Hail Damage to Roof of homestead \$14,000 to roof contractor. Mortgag these proceeds.                                                               |                                    | \$14,600.00      |
| 34.          |                        | to set off claims                                          | ated claims of every nature, including counte                                                                                                       | erclaims of the debtor and         |                  |
|              |                        | s. Describe each claim                                     |                                                                                                                                                     |                                    |                  |
| 35.          | Any fin                | nancial assets you did no                                  | ot already list                                                                                                                                     |                                    |                  |
|              | ✓ No<br>☐ Yes          | s. Give specific informati                                 | ion                                                                                                                                                 |                                    |                  |
| 36.          |                        |                                                            | our entries from Part 4, including any entries number here                                                                                          |                                    | \$97,908.88      |

|     | tor 1 Bobby Stoker  Stephanie Carol Cook Stoker Case number (if known)                                                                                                                    |                                                                                   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| P   | art 5: Describe Any Business-Related Property You Own or Have an Interest In. List any                                                                                                    | real estate in Part 1.                                                            |
| 37. | Do you own or have any legal or equitable interest in any business-related property?                                                                                                      |                                                                                   |
|     | ✓ No. Go to Part 6.  ✓ Yes. Go to line 38.                                                                                                                                                |                                                                                   |
|     |                                                                                                                                                                                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commissions you already earned                                                                                                                                     |                                                                                   |
|     | ✓ No ☐ Yes. Describe                                                                                                                                                                      |                                                                                   |
| 39. | Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices |                                                                                   |
|     | ✓ No  Yes. Describe                                                                                                                                                                       |                                                                                   |
| 40. | Machinery, fixtures, equipment, supplies you use in business, and tools of your trade                                                                                                     |                                                                                   |
|     | ✓ No ☐ Yes. Describe                                                                                                                                                                      |                                                                                   |
| 41. | Inventory                                                                                                                                                                                 |                                                                                   |
|     | ✓ No ☐ Yes. Describe                                                                                                                                                                      |                                                                                   |
| 42. | Interests in partnerships or joint ventures                                                                                                                                               |                                                                                   |
|     | ✓ No ☐ Yes. Describe Name of entity:  % of ownership:                                                                                                                                     |                                                                                   |
| 43. | Customer lists, mailing lists, or other compilations                                                                                                                                      |                                                                                   |
|     | No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe                                                            |                                                                                   |
| 44. | Any business-related property you did not already list                                                                                                                                    |                                                                                   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>                                                                                                                          |                                                                                   |
| 45. | Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here                                             | \$0.00                                                                            |
| P   | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have a lf you own or have an interest in farmland, list it in Part 1.                                               | n Interest In.                                                                    |
| 46. | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?                                                                                   |                                                                                   |
|     | <ul><li>No. Go to Part 7.</li><li>✓ Yes. Go to line 47.</li></ul>                                                                                                                         |                                                                                   |

| Deb | tor 1         | Bobby Stoker                                                                                                      |                           |                                                                                   |
|-----|---------------|-------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------|
| Deb | tor 2         | Stephanie Carol Cook Stoker                                                                                       | Case number (if known)    |                                                                                   |
| 47. | Farm a        |                                                                                                                   |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | Example No    | es: Livestock, poultry, farm-raised fish                                                                          |                           |                                                                                   |
| 48. | Crops-        | either growing or harvested                                                                                       |                           |                                                                                   |
|     |               | s. Give specific                                                                                                  |                           |                                                                                   |
| 49. | Farm a        | nd fishing equipment, implements, machinery, fixtures, and tools of tra                                           | ıde                       |                                                                                   |
|     | □ No ☑ Yes    | s 1989 John Deer Tractor (1000) w/ bushhog (300)                                                                  |                           | \$1,300.00                                                                        |
| 50. | Farm a        | nd fishing supplies, chemicals, and feed                                                                          |                           |                                                                                   |
|     | ✓ No<br>☐ Yes | 3                                                                                                                 |                           |                                                                                   |
| 51. | Any far       | m- and commercial fishing-related property you did not already list                                               |                           |                                                                                   |
|     |               | s. Give specific Used 16ft trailer (300), Used 9 ft trailer (200) ormation                                        |                           | \$500.00                                                                          |
| 52. |               | e dollar value of all of your entries from Part 6, including any entries for d for Part 6. Write that number here |                           | \$1,800.00                                                                        |
| P   | art 7:        | Describe All Property You Own or Have an Interest in Tha                                                          | it You Did Not List Above |                                                                                   |
| 53. | -             | have other property of any kind you did not already list? es: Season tickets, country club membership             |                           |                                                                                   |
|     | ✓ No<br>☐ Yes | s. Give specific information.                                                                                     |                           |                                                                                   |
| 54. | Add the       | e dollar value of all of your entries from Part 7. Write that number here.                                        | <b>→</b>                  | \$0.00                                                                            |

Debtor 1 **Bobby Stoker** Debtor 2 Stephanie Carol Cook Stoker Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2...... \$196,050.00 56. Part 2: Total vehicles, line 5 \$95,522.50 \$8,150.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$97,908.88 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$1,800.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal \$203,381.38 62. Total personal property. Add lines 56 through 61..... \$203,381.38 property total

\$399,431.38

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

|     | otor 1<br>otor 2 | Bobby Stoker<br>Stephanie Carol Cook Stoker                                       | Case number (if known)   |            |
|-----|------------------|-----------------------------------------------------------------------------------|--------------------------|------------|
| 6.  | House            | nold goods and furnishings (details):                                             |                          |            |
|     | Living           | Room Furniture: 2 Sofa's, 2 End Tables & Coffee Table                             |                          | \$1,000.00 |
|     | no sin           | gle item over \$625                                                               |                          |            |
|     | Dining           | Room Furniture: Table with 8 Chairs, China Cabinet, Chair & S                     | Shelf                    | \$600.00   |
|     |                  | oms Furniture: Mattresses, Queen Bed, King Bed, 4 Night Stan<br>rs, Shelf & Lamps | ds, 2 Dressers, Chest of | \$800.00   |
|     | no sin           | gle item over \$625                                                               |                          |            |
|     | Kitche           | n: 2 Refrigerators, Stove, Microwave, Table with 4 Rolling Cha                    | irs & 3 Bar Stools       | \$250.00   |
|     | Kitche           | n - Equipment/Supplies/Linens                                                     |                          | \$50.00    |
|     | Other            | Rooms Furniture: Washer/Dryer Children's Toys                                     |                          | \$800.00   |
|     | no sin           | gle item over \$625                                                               |                          |            |
|     | Home             | & Garden Tools: Tiller, Lawn Mower, Leaf Blower, Rake & Sho                       | vel                      | \$200.00   |
| 11. | Clothe           | s (details):                                                                      |                          |            |
|     | Used             | Men's Clothing                                                                    |                          | \$150.00   |
|     | Used '           | Nomen's Clothing                                                                  |                          | \$250.00   |
|     | Used             | Children/Teen Clothing                                                            |                          | \$400.00   |
| 12. | Jewelr           | y (details):                                                                      |                          |            |
|     | Misce            | laneous Costume Jewelry                                                           |                          | \$200.00   |

\$1,300.00

Jewelry: Wedding Rings

| Fill in this inf                                                               | ormation to ide                                                                            | ntify your (                                                       | case:                                                                                        |                                  |                                                                                             |                                                                                                                                                                                       |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                |                                                                                            |                                                                    |                                                                                              |                                  |                                                                                             |                                                                                                                                                                                       |
| Debtor 1                                                                       | Bobby<br>First Name                                                                        | Middle Name                                                        | Stoker Last Name                                                                             |                                  |                                                                                             |                                                                                                                                                                                       |
| Debtor 2                                                                       | Stephanie                                                                                  | Carol Co                                                           | ok Stoker                                                                                    |                                  |                                                                                             |                                                                                                                                                                                       |
| (Spouse, if filing)                                                            | First Name                                                                                 | Middle Name                                                        | e Last Name                                                                                  |                                  |                                                                                             |                                                                                                                                                                                       |
| United States Bar                                                              | nkruptcy Court for th                                                                      | e: <b>EASTERI</b>                                                  | N DISTRICT OF TE                                                                             | XAS                              |                                                                                             | ☐ Check if this is an                                                                                                                                                                 |
| Case number (if known)                                                         |                                                                                            |                                                                    |                                                                                              |                                  |                                                                                             | amended filing                                                                                                                                                                        |
| Official Form                                                                  | 106C                                                                                       |                                                                    |                                                                                              |                                  |                                                                                             |                                                                                                                                                                                       |
| Schedule C:                                                                    | The Propert                                                                                | y You Cl                                                           | aim as Exemp                                                                                 | t                                |                                                                                             | 04/19                                                                                                                                                                                 |
| Using the property space is needed, fi                                         | you listed on <i>Sched</i>                                                                 | <i>ule A/B: Prope</i><br>nis page as m                             | erty (Official Form 106                                                                      | SA/B)                            | as your source, list t                                                                      | responsible for supplying correct information. he property that you claim as exempt. If more essary. On the top of any additional pages,                                              |
| is to state a specific exempted up to the receive certain be exemption of 100° | fic dollar amount as<br>e amount of any ap<br>nefits, and tax-exer<br>% of fair market val | s exempt. Al<br>oplicable stat<br>mpt retiremenue<br>ue under a la | ternatively, you may<br>utory limit. Some ex<br>nt fundsmay be unli<br>w that limits the exe | clain<br>empt<br>imited<br>mptic | n the full fair market<br>ionssuch as those<br>d in dollar amount.<br>on to a particular do | you claim. One way of doing so<br>value of the property being<br>for health aids, rights to<br>However, if you claim an<br>Illar amount and the value of the<br>ble statutory amount. |
| Part 1: Ide                                                                    | ntify the Proper                                                                           | ty You Cla                                                         | im as Exempt                                                                                 |                                  |                                                                                             |                                                                                                                                                                                       |
| 1. Which set of                                                                | exemptions are you                                                                         | ı claiming?                                                        | Check one only, e                                                                            | even                             | if your spouse is filin                                                                     | g with you.                                                                                                                                                                           |
| ш                                                                              | claiming state and fe<br>claiming federal exer                                             |                                                                    | kruptcy exemptions. 7<br>J.S.C. § 522(b)(2)                                                  | 11 U.:                           | S.C. § 522(b)(3)                                                                            |                                                                                                                                                                                       |
| 2. For any prop                                                                | erty you list on <i>Sch</i>                                                                | nedule A/B th                                                      | at you claim as exen                                                                         | npt, fi                          | III in the information                                                                      | ı below.                                                                                                                                                                              |
| -                                                                              | of the property and<br>lists this property                                                 | line on                                                            | Current value of the portion you own                                                         |                                  | ount of the mption you claim                                                                | Specific laws that allow exemption                                                                                                                                                    |
|                                                                                |                                                                                            |                                                                    | Copy the value from Schedule A/B                                                             |                                  | ck only one box for<br>n exemption                                                          |                                                                                                                                                                                       |
| Brief description:                                                             |                                                                                            |                                                                    | \$174,550.00                                                                                 |                                  | \$0.00                                                                                      | 11 U.S.C. § 522(d)(1)                                                                                                                                                                 |
| Homestead: 908                                                                 | B Garden Drive<br>on: Lt 16 Blk 1 Biç                                                      | jТ                                                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                      |                                  | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit                    | -                                                                                                                                                                                     |
| \$260,240. Debto<br>believe fair mark                                          |                                                                                            | value and                                                          |                                                                                              |                                  |                                                                                             |                                                                                                                                                                                       |
|                                                                                |                                                                                            |                                                                    |                                                                                              |                                  |                                                                                             |                                                                                                                                                                                       |
| -                                                                              | •                                                                                          | -                                                                  | more than \$170,350?<br>ears after that for cas                                              |                                  | ed on or after the dat                                                                      | e of adjustment.)                                                                                                                                                                     |
| _                                                                              |                                                                                            | perty covered                                                      | l by the exemption with                                                                      | hin 1,                           | 215 days before you                                                                         | filed this case?                                                                                                                                                                      |

Debtor 1 **Bobby Stoker** Debtor 2 **Stephanie Carol Cook Stoker** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$8,000.00 \$7,969.40 11 U.S.C. § 522(d)(5)  $\overline{\mathbf{Q}}$ 2205 Bledsoe 100% of fair market Legal Description: Acres: 0.165, Lot: 3, Blk: value, up to any 4, Subd: J I Carter, Hse. Small 2 bedroom applicable statutory house on small house. Roof damage from limit hail. Insurance paid \$6,000 which was paid to roofer for roof replacement. No A/C. Needs interior and exterior repairs. Tax Value of house is \$8,750. Debtor values house at about \$8,000. Line from Schedule A/B: 1.2 Brief description: \$12,500.00 \$5,571.84 11 U.S.C. § 522(d)(5)  $\overline{\mathbf{Q}}$ 3046 50th St, Dallas TX 100% of fair market Lot 29, Block 50th St, Ann Arbor value, up to any Tax value is \$106,830. Debtor disagrees applicable statutory limit with tax value and values at \$25,000. Inherited from mother along with brother. House in very bad condition. Foundation, sewer, floor, plumbing, roof, etc. all need repair. Parcel: 447526 Line from Schedule A/B: 1.4 Brief description: 11 U.S.C. § 522(d)(2) \$60,212.50 \$0.00  $\checkmark$ 2017 Ford F-150 (approx. 15,100 miles) 100% of fair market 2017 Ford F-250 value, up to any applicable statutory Mileage: 15,100 limit Line from Schedule A/B: Brief description: \$8,050.00 \$4,000.00 11 U.S.C. § 522(d)(2) abla1969 Volkswagon Bug (approx. 200,000 100% of fair market miles). Fair condition. Needs new paint job value, up to any applicable statutory and restoration. limit (1st exemption claimed for this asset) Line from Schedule A/B: 3.4 Brief description: \$8,050.00 \$4,050.00 11 U.S.C. § 522(d)(5)  $\overline{\mathbf{Q}}$ 1969 Volkswagon Bug (approx. 200,000 100% of fair market miles). Fair condition. Needs new paint job value, up to any and restoration. applicable statutory limit (2nd exemption claimed for this asset) Line from Schedule A/B: 3.4 Brief description: \$1,000.00  $\overline{\mathbf{V}}$ \$1,000.00 11 U.S.C. § 522(d)(2) 1986 Ford F-150 (approx. 200,000 miles). 100% of fair market Does not run. Rough condition. value, up to any applicable statutory Line from Schedule A/B: 3.5 limit

| Part 2: Additional Page                                                                                                                                 |                                            |                         |                                                                                      |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------|--------------------------------------------------------------------------------------|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property                                                                     | Current value of<br>the portion you<br>own |                         | ount of the<br>mption you claim                                                      | Specific laws that allow exemption |
|                                                                                                                                                         | Copy the value from<br>Schedule A/B        |                         | eck only one box for<br>h exemption                                                  |                                    |
| Brief description:                                                                                                                                      | \$1,000.00                                 | $ \mathbf{V} $          | \$1,000.00                                                                           | 11 U.S.C. § 522(d)(5)              |
| 2006 Artic Cat - runs but condition is fair. Use for checking fences, putting garbage out, mail, checking cows (when have.)  Line from Schedule A/B:4.1 |                                            |                         | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit             |                                    |
| Brief description:                                                                                                                                      | \$250.00                                   |                         | \$250.00                                                                             | 11 U.S.C. § 522(d)(5)              |
| Starcraft boat. Leaks rough condition. Does have motor, but needs substantial work. Engine and trailer.  Line from Schedule A/B: 4.2                    |                                            |                         | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit             |                                    |
| Brief description:                                                                                                                                      | \$1,000.00                                 |                         | \$1,000.00                                                                           | 11 U.S.C. § 522(d)(3)              |
| Living Room Furniture: 2 Sofa's, 2 End Tables & Coffee Table  no single item over \$625                                                                 |                                            |                         | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit             |                                    |
| Line from Schedule A/B:6                                                                                                                                |                                            |                         |                                                                                      |                                    |
| Brief description:  Dining Room Furniture: Table with 8 Cha China Cabinet, Chair & Shelf Line from Schedule A/B: 6                                      | \$600.00<br>irs,                           |                         | \$600.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description:                                                                                                                                      | \$800.00                                   | $\overline{\mathbf{Q}}$ | \$800.00                                                                             | 11 U.S.C. § 522(d)(3)              |
| Bedrooms Furniture: Mattresses, Queen<br>Bed, King Bed, 4 Night Stands, 2 Dresser<br>Chest of Drawers, Shelf & Lamps                                    | s,                                         |                         | 100% of fair market value, up to any applicable statutory limit                      |                                    |
| no single item over \$625                                                                                                                               |                                            |                         |                                                                                      |                                    |
| Line from Schedule A/B: 6                                                                                                                               |                                            |                         |                                                                                      |                                    |
| Brief description:  Kitchen: 2 Refrigerators, Stove,  Microwave, Table with 4 Rolling Chairs & Bar Stools  Line from Schedule A/B:6                     | <u>\$250.00</u>                            |                         | \$250.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description:                                                                                                                                      | \$50.00                                    | ✓                       | \$50.00                                                                              | 11 U.S.C. § 522(d)(3)              |
| Kitchen - Equipment/Supplies/Linens Line from Schedule A/B: 6                                                                                           |                                            |                         | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit             |                                    |
| Brief description:                                                                                                                                      | \$800.00                                   |                         | \$800.00                                                                             | 11 U.S.C. § 522(d)(3)              |
| Other Rooms Furniture: Washer/Dryer Children's Toys  no single item over \$625                                                                          |                                            |                         | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit             |                                    |
| Line from Schedule A/B: 6                                                                                                                               |                                            |                         |                                                                                      |                                    |

| Part 2:                                                        | Additional Page                                                            |                                      |                                                                                      |                                    |
|----------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|
| -                                                              | tion of the property and line on<br>3 that lists this property             | Current value of the portion you own | ount of the<br>mption you claim                                                      | Specific laws that allow exemption |
|                                                                |                                                                            | Copy the value from Schedule A/B     | eck only one box for<br>h exemption                                                  |                                    |
| Leaf Blower                                                    | on:<br>rden Tools: Tiller, Lawn Mower,<br>r, Rake & Shovel<br>edule A/B: 6 | \$200.00                             | \$200.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| & Laptop                                                       | on: : 4 TV's, 3 Cell Phones, Desktop  edule A/B:7                          | \$500.00                             | \$500.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief descripti<br>Misc. Art, M<br>Books & Co<br>Line from Sch | usic, Videos, Family Photos,<br>Illectibles                                | \$250.00                             | \$250.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Clubs, old r                                                   | on: by Equipment: Pool Table, Golf rods and reels edule A/B:9              | \$500.00                             | \$500.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(5)              |
|                                                                | lock 19 (250), 3 Rifles (\$200<br>I amount of ammo (50)                    | \$850.00                             | \$850.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(5)              |
| Brief description Used Men's Line from Sch                     | Clothing                                                                   | \$150.00                             | \$150.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description Used Wome Line from Sch                      | en's Clothing                                                              | \$250.00                             | \$250.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
|                                                                | on:<br>en/Teen Clothing<br>edule A/B: 11                                   | \$400.00                             | \$400.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description  Miscellaneo  Line from Sch                  | ous Costume Jewelry                                                        | \$200.00                             | \$200.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(4)              |

| Part 2:                                   | Additional Page                                                                                               |                                      |           |                                                   |                                    |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|---------------------------------------------------|------------------------------------|
| Schedule A/B that lists this property     |                                                                                                               | Current value of the portion you own |           | ount of the<br>mption you claim                   | Specific laws that allow exemption |
|                                           |                                                                                                               | Copy the value from<br>Schedule A/B  |           | eck only one box for<br>h exemption               |                                    |
| Brief descript<br><b>Jewelry: W</b>       | ion:<br>edding Rings                                                                                          | \$1,300.00                           |           | \$1,300.00<br>100% of fair market                 | 11 U.S.C. § 522(d)(4)              |
| Line from Scl                             | nedule A/B: <b>12</b>                                                                                         |                                      |           | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descript Pets: Dog                  | ion:                                                                                                          | \$50.00                              | <b>1</b>  | \$50.00<br>100% of fair market                    | 11 U.S.C. § 522(d)(5)              |
| Line from Scl                             | nedule A/B: <b>13</b>                                                                                         |                                      |           | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descript  Cash on ha                |                                                                                                               | \$75.00                              | $\Box$    | \$75.00<br>100% of fair market                    | 11 U.S.C. § 522(d)(5)              |
| Line from Scl                             | nedule A/B: <b>16</b>                                                                                         |                                      | _         | value, up to any applicable statutory limit       |                                    |
| Brief descript                            | ion:<br>redit Union xx4394                                                                                    | \$441.00                             | Ø         | \$441.00<br>100% of fair market                   | 11 U.S.C. § 522(d)(5)              |
|                                           | nedule A/B: <b>17.1</b>                                                                                       |                                      |           | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descript                            | ion:<br>redit Union xx4419                                                                                    | \$5,012.22                           | <b>V</b>  | <b>\$5,012.22</b><br>100% of fair market          | 11 U.S.C. § 522(d)(5)              |
|                                           | nedule A/B: <b>17.5</b>                                                                                       |                                      |           | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descript                            | ion:<br>redit Union xx4493                                                                                    | \$184.35                             | Ø         | \$184.35<br>100% of fair market                   | 11 U.S.C. § 522(d)(5)              |
|                                           | nedule A/B: <b>17.2</b>                                                                                       |                                      |           | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descript                            | ion:<br>redit Union xx4500                                                                                    | \$5.07                               | $\square$ | <b>\$5.07</b><br>100% of fair market              | 11 U.S.C. § 522(d)(5)              |
|                                           | nedule A/B: <b>17.6</b>                                                                                       |                                      |           | value, up to any<br>applicable statutory<br>limit |                                    |
| Brief descript USAA xx68                  |                                                                                                               | \$0.00                               | <b>☑</b>  | \$0.00<br>100% of fair market<br>value, up to any | 11 U.S.C. § 522(d)(5)              |
| Funds belo<br>listed due t<br>balance 3.1 | hter Account<br>ng to daughter. Joint Debtor co-<br>o daughter's age. Account<br>3<br>nedule A/B: <u>17.7</u> |                                      |           | applicable statutory<br>limit                     |                                    |

| Part 2: Additional Page                                                                                                                                                                   |                                      |                                                                                         |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property                                                                                                       | Current value of the portion you own | ount of the<br>mption you claim                                                         | Specific laws that allow exemption |
|                                                                                                                                                                                           | Copy the value from Schedule A/B     | ck only one box for<br>h exemption                                                      |                                    |
| Brief description: USAA xx7374-9 Line from Schedule A/B:17.3                                                                                                                              | \$41.12                              | \$41.12<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit     | 11 U.S.C. § 522(d)(5)              |
| Brief description:  Bank of America Checking account (Exclusively social security)  Line from Schedule A/B:17.4                                                                           | \$550.12                             | \$550.12<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | 11 U.S.C. § 522(d)(10)(A)          |
| Brief description:  Wife - 401(k) through employer  Line from Schedule A/B:21                                                                                                             | \$37,000.00                          | \$37,000.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(12)             |
| Brief description:  Wife - Pension plan through employer  Line from Schedule A/B:21                                                                                                       | \$40,000.00                          | \$40,000.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(12)             |
| Brief description:  Wife - Group term Life Insurance through employer - no cash value  Line from Schedule A/B:31                                                                          | \$0.00                               | \$0.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit      | 11 U.S.C. § 522(d)(7)              |
| Brief description:  Global Life Insurance - no cash value  Line from Schedule A/B:31                                                                                                      | \$0.00                               | \$0.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit      | 11 U.S.C. § 522(d)(7)              |
| Brief description: Hail Damage to Roof of homestead - Forwarded full payment of \$14,000 to roof contractor. Mortgage company has lien against these proceeds. Line from Schedule A/B: 33 | \$14,600.00                          | \$0.00 100% of fair market value, up to any applicable statutory limit                  | 11 U.S.C. § 522(d)(1)              |
| Brief description: 1989 John Deer Tractor (1000) w/ bushhog (300) Line from Schedule A/B:49                                                                                               | \$1,300.00                           | \$1,300.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit  | 11 U.S.C. § 522(d)(5)              |
| Brief description: Used 16ft trailer (300), Used 9 ft trailer (200) Line from Schedule A/B:51                                                                                             | \$500.00                             | \$500.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit    | 11 U.S.C. § 522(d)(5)              |

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS TYLER DIVISION

IN RE: Bobby Stoker Stephanie Carol Cook Stoker CASE NO

CHAPTER 7

Scheme Selected: Federal

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

### **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

| No. | Category                                              | Gross<br>Property Value | Total<br>Encumbrances | Total<br>Equity | Total Amount<br>Exempt | Total Amount<br>Non-Exempt |
|-----|-------------------------------------------------------|-------------------------|-----------------------|-----------------|------------------------|----------------------------|
| 1.  | Real property                                         | \$196,050.00            | \$279,213.07          | \$20,563.03     | \$13,541.24            | \$7,021.79                 |
| 3.  | Motor vehicles (cars, etc.)                           | \$94,272.50             | \$101,025.68          | \$9,050.00      | \$9,050.00             | \$0.00                     |
| 4.  | Water/Aircraft, Motor Homes,<br>Rec. veh. and access. | \$1,250.00              | \$0.00                | \$1,250.00      | \$1,250.00             | \$0.00                     |
| 6.  | Household goods and furnishings                       | \$3,700.00              | \$0.00                | \$3,700.00      | \$3,700.00             | \$0.00                     |
| 7.  | Electronics                                           | \$500.00                | \$0.00                | \$500.00        | \$500.00               | \$0.00                     |
| 8.  | Collectibles of value                                 | \$250.00                | \$0.00                | \$250.00        | \$250.00               | \$0.00                     |
| 9.  | Equipment for sports and hobbies                      | \$500.00                | \$0.00                | \$500.00        | \$500.00               | \$0.00                     |
| 10. | Firearms                                              | \$850.00                | \$0.00                | \$850.00        | \$850.00               | \$0.00                     |
| 11. | Clothes                                               | \$800.00                | \$0.00                | \$800.00        | \$800.00               | \$0.00                     |
| 12. | Jewelry                                               | \$1,500.00              | \$0.00                | \$1,500.00      | \$1,500.00             | \$0.00                     |
| 13. | Non-farm animals                                      | \$50.00                 | \$0.00                | \$50.00         | \$50.00                | \$0.00                     |
| 14. | Unlisted pers. and household itemsincl. health aids   | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 16. | Cash                                                  | \$75.00                 | \$0.00                | \$75.00         | \$75.00                | \$0.00                     |
| 17. | Deposits of money                                     | \$6,233.88              | \$0.00                | \$6,233.88      | \$6,233.88             | \$0.00                     |
| 18. | Bonds, mutual funds or publicly traded stocks         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 19. | Non-pub. traded stock and int. in businesses          | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 20. | Govt. and corp. bonds and other instruments           | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 21. | Retirement or pension accounts                        | \$77,000.00             | \$0.00                | \$77,000.00     | \$77,000.00            | \$0.00                     |
| 22. | Security deposits and prepayments                     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 23. | Annuities                                             | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 24. | Interests in an education IRA                         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 25. | Trusts, equit. or future int. (not in line 1)         | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 26. | Patents, copyrights, and other intellectual prop.     | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 27. | Licenses, franchises, other general intangibles       | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |
| 28. | Tax refunds owed to you                               | \$0.00                  | \$0.00                | \$0.00          | \$0.00                 | \$0.00                     |

### UNITED STATES BANKRUPTCY COURT **EASTERN DISTRICT OF TEXAS** TYLER DIVISION

IN RE: Bobby Stoker Stephanie Carol Cook Stoker CASE NO

CHAPTER 7

## SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

**Exemption Totals by Category:** 

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: Federal Gross Total Total Amount Total **Total Amount Property Value Encumbrances Equity** Exempt Non-Exempt No. Category 29. Family support \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 30. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Other amounts someone owes you 31. Interests in insurance policies \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 32. Any int. in prop. due you from \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 someone who has died 33. Claims vs. third parties, even \$14,600.00 \$14,600.00 \$0.00 \$0.00 \$0.00 if no demand 34. Other contin. and unliq. claims \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 of every nature 35. Any financial assets you did \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 not already list Accounts rec. or commissions you \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 38. already earned 39. Office equipment, furnishings, \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 and supplies 40. Mach., fixt., equip., bus. suppl., \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 tools of trade 41. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Inventory 42. Interests in partnerships or \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 joint ventures 43. Customer and mailing lists, or \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 other compilations 44. Any business-related property not \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 already listed 47. Farm animals \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 48. Crops--either growing or harvested \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 49. Farm/fishing equip., impl., mach., \$1,300.00 \$0.00 \$1,300.00 \$1,300.00 \$0.00 fixt., tools 50. Farm and fishing supplies, chemicals, \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 and feed 51. Farm/commercial fishing-related prop. \$500.00 \$0.00 \$500.00 \$500.00 \$0.00 not listed 53. Any other property of any kind not \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 already listed TOTALS:

\$394,838.75

\$124,121.91

\$117,100.12

\$7,021.79

\$399,431.38

### **UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS TYLER DIVISION**

IN RE: Bobby Stoker **Stephanie Carol Cook Stoker**  CASE NO

CHAPTER 7

## SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

### **Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

**Property Description Market Value** Lien **Equity** Real Property (None)

**Personal Property** 

(None)

\$0.00 \$0.00 \$0.00 TOTALS:

### Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

| • • • • •                   | •            |          |             |                   |
|-----------------------------|--------------|----------|-------------|-------------------|
| Property Description        | Market Value | Lien     | Equity      | Non-Exempt Amount |
| Real Property               |              |          |             |                   |
| Lot on Morton Street        | \$1,000.00   | \$6.37   | \$993.63    | \$993.63          |
| 3046 50th St, Dallas TX     | \$12,500.00  | \$900.00 | \$11,600.00 | \$6,028.16        |
| Personal Property<br>(None) |              |          |             |                   |
| TOTALS:                     | \$13,500.00  | \$906.37 | \$12,593.63 | \$7,021.79        |

| Summary                                                                      |              |
|------------------------------------------------------------------------------|--------------|
| A. Gross Property Value (not including surrendered property)                 | \$399,431.38 |
| B. Gross Property Value of Surrendered Property                              | \$0.00       |
| C. Total Gross Property Value (A+B)                                          | \$399,431.38 |
| D. Gross Amount of Encumbrances (not including surrendered property)         | \$394,838.75 |
| E. Gross Amount of Encumbrances on Surrendered Property                      | \$0.00       |
| F. Total Gross Encumbrances (D+E)                                            | \$394,838.75 |
| G. Total Equity (not including surrendered property) / (A-D)                 | \$124,121.91 |
| H. Total Equity in surrendered items (B-E)                                   | \$0.00       |
| I. Total Equity (C-F)                                                        | \$124,121.91 |
| J. Total Exemptions Claimed (Wild Card Used: \$27,800.00, Available: \$0.00) | \$117,100.12 |
| K. Total Non-Exempt Property Remaining (G-J)                                 | \$7,021.79   |

|                                                                                                                                              | ormation to ident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ify your case:    |                                           |                         |                  |       |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------|-------------------------|------------------|-------|
| Debtor 1                                                                                                                                     | Bobby<br>First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Middle Name       | Stoker<br>Last Name                       |                         |                  |       |
| Debtor 2                                                                                                                                     | Stephanie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Carol Cook        | Stoker                                    |                         |                  |       |
| (Spouse, if filing)                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Middle Name       | Last Name                                 |                         |                  |       |
| United States Bar                                                                                                                            | nkruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FASTERN DISTR     | RICT OF TEXAS                             |                         |                  |       |
|                                                                                                                                              | mapley Court for the.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                           |                         |                  |       |
| Case number (if known)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                           |                         | Check if this is |       |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                           |                         | amended filing   | J     |
| Official Form                                                                                                                                | 106D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                           |                         |                  |       |
| Schedule D:                                                                                                                                  | Creditors Wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o Have Clain      | ns Secured by                             | y Property              |                  | 12/15 |
| correct informatio On the top of any  1. Do any credit  No. Chee Yes. Fill  Part 1: Lis  2. List all secure claim, list the correditor has a | No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the Do not deduct the Do not deduct the portion |                   |                                           |                         |                  |       |
| 2.1                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Describe the pr   |                                           | \$900.00                | \$12,500.00      |       |
| Dallas County T                                                                                                                              | ax Collector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | secures the cla   |                                           | Ψοσοίσο                 | <u> </u>         |       |
| Creditor's name 1201 Elm St., Ste                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | — 3046 5th St., [ | Dallas                                    |                         |                  |       |
| Number Street                                                                                                                                | 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>_</del>      |                                           |                         |                  |       |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | As of the date v  | ou file the claim is:                     | : Check all that apply. |                  |       |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Contingent        | you me, the claim is                      | . Oncor all that apply. |                  |       |
| Dallas                                                                                                                                       | TX 75270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unliquidated      | t                                         |                         |                  |       |
| City                                                                                                                                         | State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Disputed          |                                           |                         |                  |       |
| Who owes the deb                                                                                                                             | ot? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | Check all that apply.                     |                         |                  |       |
| Debtor 2 only                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                           | s mortgage or secured   | car loan)        |       |
| Debtor 1 and D                                                                                                                               | ebtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · ·               | n (such as tax lien, m                    | nechanic's lien)        |                  |       |
| At least one of                                                                                                                              | the debtors and anoth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>–</b>          | en from a lawsuit ding a right to offset) |                         |                  |       |
| Check if this c                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                           |                         |                  |       |
| Date debt was inc                                                                                                                            | urred <u>2019</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Last 4 digits of  | account number                            |                         |                  |       |

\$900.00

| Debtor 1<br>Debtor 2                                                                                        |                                                                                                           |                                                               |                                                                                                                                                                                                                                                                                                        |                                                                  | Case number (if known)                                |                                   |  |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|--|--|
| Part 1:                                                                                                     | Additional Page  After listing any entries on this page, number them sequentially from the previous page. |                                                               |                                                                                                                                                                                                                                                                                                        | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |
| Creditor's nam                                                                                              | or Credit Co,<br>ne<br>rv Ctr9930                                                                         |                                                               | Describe the property that secures the claim: 2017 Ford F-250                                                                                                                                                                                                                                          | \$68,084.00                                                      | \$60,212.50                                           | \$7,871.50                        |  |  |
| Colorado : City Who owes to Debtor 2 Debtor 2 Debtor 3 City City City City City City City City              | Springs CO State the debt? Cr 1 only 2 only 1 and Debtor 2                                                | 80921-3664 Paragraph Code Reck one.  2 only btors and another | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit  Other (including a right to offset) Purchase Money  Last 4 digits of account number | mortgage or secured                                              | car loan)                                             |                                   |  |  |
| Creditor's nam                                                                                              | unty Tax Co<br>ne<br>:hvin, Ste 21<br>reet                                                                |                                                               | Describe the property that secures the claim: Homestead: 908 Garden Drive                                                                                                                                                                                                                              | \$1,639.70                                                       | \$174,550.00                                          |                                   |  |  |
| Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 3 Debtor 3 Debtor 4 Debtor 4 Debtor 4 Debtor 5 Debtor 6 Debtor 6 | 2 only 1 and Debtor 2 one of the de if this claim re mmunity debt                                         | eck one.  2 only btors and another elates                     | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Ad Valorem Taxes                                 | mortgage or secured                                              | car loan)                                             |                                   |  |  |
| Date debt w                                                                                                 | as incurred                                                                                               | 2019                                                          | Last 4 digits of account number                                                                                                                                                                                                                                                                        |                                                                  |                                                       |                                   |  |  |

\$69,723.70

| Debtor 1 Bobby Stoker Stephanie Carol Cook St                                                                                                                       |                                                                                                                   |                                 | Case number (if known)                                                                                                                                                                                                                               |                                                                  |                                                       |                                   |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|--|--|
| Part 1:                                                                                                                                                             | Additional Page  Part 1: After listing any entries on this page, number them sequentially from the previous page. |                                 |                                                                                                                                                                                                                                                      | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |
| 2.4                                                                                                                                                                 |                                                                                                                   |                                 | Describe the property that secures the claim:                                                                                                                                                                                                        | \$24,524.59                                                      | \$24,500.00                                           | \$24.59                           |  |  |
| Creditor's nam Attn: Bank                                                                                                                                           | ruptcy Dept                                                                                                       |                                 | 2017 Harley Davidson<br>Streetglide Motorcycle                                                                                                                                                                                                       |                                                                  |                                                       |                                   |  |  |
| Carson Cit                                                                                                                                                          | State                                                                                                             |                                 | As of the date you file, the claim is:  Contingent Unliquidated Disputed                                                                                                                                                                             | Check all that apply.                                            |                                                       |                                   |  |  |
| Who owes the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates |                                                                                                                   |                                 | Nature of lien. Check all that apply.  ☑ An agreement you made (such as mortgage or secured car loan)  ☐ Statutory lien (such as tax lien, mechanic's lien)  ☐ Judgment lien from a lawsuit  ☑ Other (including a right to offset)  Purchase Money   |                                                                  |                                                       |                                   |  |  |
| to a con                                                                                                                                                            | mmunity debt                                                                                                      |                                 | ·                                                                                                                                                                                                                                                    | 4 0 6 7                                                          |                                                       |                                   |  |  |
| 2.5  Harrison C Creditor's nam PO Box 96                                                                                                                            | _                                                                                                                 | 05/2017<br>Collector            | Last 4 digits of account number  Describe the property that secures the claim:  2205 Bledsoe                                                                                                                                                         | \$30.60                                                          | \$8,000.00                                            |                                   |  |  |
| Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Check i                                                                                                                | 2 only<br>1 and Debtor 2<br>one of the deb<br>if this claim re                                                    | eck one. only otors and another | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) | mortgage or secured                                              | car loan)                                             |                                   |  |  |
|                                                                                                                                                                     | mmunity debt<br>vas incurred                                                                                      | 2019                            | Last 4 digits of account number                                                                                                                                                                                                                      | 5 5 0 8                                                          |                                                       |                                   |  |  |

\$24,555.19

| Debtor 1<br>Debtor 2                                 | Bobby Stoker<br>Stephanie Carol Cook Sto                                                                  | oker                                                                                                                                                                                                                                                            | Case number (if known) |                                                       |                                   |  |  |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|-----------------------------------|--|--|
| Part 1:                                              | Additional Page  After listing any entries on this page, number them sequentially from the previous page. |                                                                                                                                                                                                                                                                 |                        | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |
| 2.6                                                  | County Tay Collector                                                                                      | Describe the property that secures the claim:                                                                                                                                                                                                                   | \$6.37                 | \$1,000.00                                            |                                   |  |  |
| Creditor's nam                                       |                                                                                                           | - Lot<br>-                                                                                                                                                                                                                                                      |                        |                                                       |                                   |  |  |
| Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Check i | •                                                                                                         | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, m Judgment lien from a lawsuit Other (including a right to offset)             | s mortgage or secured  | car loan)                                             |                                   |  |  |
| Date debt w                                          | vas incurred 2019                                                                                         | _ Last 4 digits of account number                                                                                                                                                                                                                               | 9 4 5 6                |                                                       |                                   |  |  |
|                                                      | ne<br>ar Drive Suite 100<br>reet                                                                          | Describe the property that secures the claim: - Homestead: 908 Garden Drive                                                                                                                                                                                     | \$276,636.40           | \$174,550.00                                          | \$103,726.10                      |  |  |
| Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Check i | •                                                                                                         | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, m Judgment lien from a lawsuit  Other (including a right to offset)  Mortgage | s mortgage or secured  | car loan)                                             |                                   |  |  |

\$276,642.77

R M S T

Date debt was incurred 2006

Last 4 digits of account number

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker |                                                                             |                                                                                                                                                                                                                                                                     | Case number (if known)                                           |                                                       |                                            |
|------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| Part 1:                                                    | Additional Page After listing any entries on sequentially from the previous |                                                                                                                                                                                                                                                                     | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C<br>Unsecured<br>portion<br>If any |
| Creditor's nam Attn: Corre                                 | espondence MAC T9017-02                                                     | Describe the property that secures the claim: 2014 Ford Focus                                                                                                                                                                                                       | \$8,417.09                                                       | \$7,825.00                                            | \$592.09                                   |
| Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least Check in      | •                                                                           | As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Purchase Money | mortgage or secured                                              | car loan)                                             |                                            |
| Date debt w                                                | as incurred <u>01/30/2019</u>                                               | Last 4 digits of account number                                                                                                                                                                                                                                     | 3 6 0 8                                                          |                                                       |                                            |

\$8,417.09

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$380,238.75

|                                                                   |                                                                           |                                                             |                                                                                                                                                                       | ı                                                 |                                   |                             |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|-----------------------------|
| Fill in this info                                                 | ormation to id                                                            | entify your ca                                              | ase:                                                                                                                                                                  |                                                   |                                   |                             |
| Debtor 1                                                          | Bobby                                                                     |                                                             | Stoker                                                                                                                                                                |                                                   |                                   |                             |
|                                                                   | First Name                                                                | Middle Name                                                 | Last Name                                                                                                                                                             |                                                   |                                   |                             |
| Debtor 2                                                          | Stephanie                                                                 | Carol Coo                                                   | k Stoker                                                                                                                                                              |                                                   |                                   |                             |
| (Spouse, if filing)                                               |                                                                           | Middle Name                                                 | Last Name                                                                                                                                                             |                                                   |                                   |                             |
| United States Bar                                                 | nkruptcy Court for                                                        | the: <b>EASTERN</b>                                         | DISTRICT OF TEXAS                                                                                                                                                     |                                                   |                                   |                             |
| Case number (if known)                                            |                                                                           |                                                             |                                                                                                                                                                       |                                                   | Check if this is a amended filing | an                          |
| Official Form                                                     | 106E/F                                                                    |                                                             |                                                                                                                                                                       | •                                                 |                                   |                             |
| Schedule E/                                                       | F: Creditors                                                              | s Who Have                                                  | e Unsecured Claims                                                                                                                                                    |                                                   |                                   | 12/15                       |
| Do not include any<br>If more space is no<br>to this page. On the | y creditors with peeded, copy the leaded, copy the leaded, top of any add | partially secured<br>Part you need, fi<br>litional pages, w | and on Schedule G: Executory Co<br>claims that are listed in Schedule<br>Ill it out, number the entries in the<br>rite your name and case number of<br>secured Claims | D: Creditors Who Ho<br>boxes on the left. At      | old Claims Secur                  | ed by Property.             |
| 1. Do any credit                                                  | ors have priority                                                         | unsecured clain                                             | ns against you?                                                                                                                                                       |                                                   |                                   |                             |
| ☐ No. Go t                                                        | • •                                                                       |                                                             | g ,                                                                                                                                                                   |                                                   |                                   |                             |
| Yes.                                                              | or are z.                                                                 |                                                             |                                                                                                                                                                       |                                                   |                                   |                             |
| claim. For eac<br>show both pric<br>more space is                 | ch claim listed, ide<br>ority and nonpriorit                              | entify what type of<br>y amounts. As m<br>y unsecured clain | creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of            | ity and nonpriority amo<br>phabetical order accor | ounts, list that claid            | m here and<br>or's name. If |
| (For an explar                                                    | nation of each type                                                       | of claim, see the                                           | e instructions for this form in the inst                                                                                                                              | ruction booklet.                                  |                                   |                             |
|                                                                   |                                                                           |                                                             |                                                                                                                                                                       | Total claim                                       | Priority amount                   | Nonpriority amount          |
| 2.1                                                               |                                                                           |                                                             |                                                                                                                                                                       | \$5,118.00                                        | \$5,118.00                        | \$0.00                      |
| Internal Revenue                                                  |                                                                           |                                                             | Last 4 digits of account number                                                                                                                                       |                                                   |                                   |                             |
| Priority Creditor's Name PO Box 7346                              | e                                                                         |                                                             | · ·                                                                                                                                                                   |                                                   |                                   |                             |
| Number Street                                                     |                                                                           |                                                             | When was the debt incurred?                                                                                                                                           | 2017-2018                                         | -                                 |                             |
|                                                                   |                                                                           |                                                             | As of the date you file, the claim                                                                                                                                    | is: Check all that appl                           | ly.                               |                             |
|                                                                   |                                                                           |                                                             | Contingent                                                                                                                                                            |                                                   |                                   |                             |
| Philadelphia<br>City                                              |                                                                           | 19101-7346<br>ZIP Code                                      | Unliquidated Disputed                                                                                                                                                 |                                                   |                                   |                             |
| Who incurred the                                                  |                                                                           |                                                             | Type of PRIORITY unsecured cla                                                                                                                                        | im:                                               |                                   |                             |
| Debtor 1 only                                                     |                                                                           |                                                             | ☐ Domestic support obligations                                                                                                                                        |                                                   |                                   |                             |
| Debtor 2 only                                                     |                                                                           |                                                             | ▼ Taxes and certain other debts                                                                                                                                       | you owe the governme                              | ent                               |                             |
| Debtor 1 and D                                                    | ebtor 2 only<br>the debtors and a                                         | nother                                                      | Claims for death or personal in                                                                                                                                       | ijury while you were                              |                                   |                             |
| <u> </u>                                                          | claim is for a com                                                        |                                                             | intoxicated  Other Specify                                                                                                                                            |                                                   |                                   |                             |
| Is the claim subject                                              |                                                                           | mainty debt                                                 | Other. Specify                                                                                                                                                        |                                                   |                                   |                             |
| ✓ No                                                              |                                                                           |                                                             |                                                                                                                                                                       |                                                   |                                   |                             |
| Yes                                                               |                                                                           |                                                             |                                                                                                                                                                       |                                                   |                                   |                             |

| Debtor 1<br>Debtor 2               | Bobby Stoker<br>Stephanie Carol Cook Stoker                                                                                             | Case number (if known)                                                                                                                                                                                                                                                                                                                                                          |                 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Part 2:                            | List All of Your NONPRIORIT                                                                                                             | Y Unsecured Claims                                                                                                                                                                                                                                                                                                                                                              |                 |
| 4. List all If a cree type o       | Yes  Il of your nonpriority unsecured claims editor has more than one nonpriority unser of claim it is. Do not list claims already incl | claims against you?  Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed, uded in Part 1. If more than one creditor holds a particular claim, list the other unsecured claims, fill out the Continuation Page of Part 2. | •               |
|                                    | n Express(p) Treditor's Name 81535 Street                                                                                               | Last 4 digits of account number 3 7 9 3  When was the debt incurred? 2001  As of the date you file, the claim is: Check all that apply.  Continuidated  Disputed                                                                                                                                                                                                                | \$97.45         |
| Debtor Debtor Debtor At leas       |                                                                                                                                         | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card                                                                                                                       |                 |
| No Yes  4.2  American              | n subject to offset?  n Express(p)  treditor's Name 181535  Street                                                                      | Last 4 digits of account number 6 0 5 3  When was the debt incurred? 2006  As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                         | <u>\$167.00</u> |
| Debtor Debtor Debtor At leas Check | •                                                                                                                                       | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Credit Card                                                                                     |                 |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                          | Case number (if known)                                                                                                          |             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|
| Part 2: Your NONPRIORITY Unsecu                                                     | red Claims Continuation Page                                                                                                    |             |
| After listing any entries on this page, number the previous page.                   | m sequentially from the                                                                                                         | Total claim |
| 4.3                                                                                 |                                                                                                                                 | \$1,462.00  |
| Bank of America (p)                                                                 | Last 4 digits of account number 6 4 3 2                                                                                         |             |
| Nonpriority Creditor's Name PO Box 982238                                           | When was the debt incurred? 2011                                                                                                |             |
| Number Street                                                                       | As of the date you file, the claim is: Check all that apply.                                                                    |             |
|                                                                                     | _ ☐ Contingent ☐ Unliquidated                                                                                                   |             |
| El Paso TX 79998-2238                                                               | Disputed                                                                                                                        |             |
| City State ZIP Code                                                                 | Type of NONPRIORITY unsecured claim:                                                                                            |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                                  | Student loans                                                                                                                   |             |
|                                                                                     | Obligations arising out of a separation agreement or divorce                                                                    |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                                            | that you did not report as priority claims                                                                                      |             |
| At least one of the debtors and another                                             | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                                            |             |
| Check if this claim is for a community debt                                         | ✓ Other. Specify  Credit Card                                                                                                   |             |
| Is the claim subject to offset?                                                     |                                                                                                                                 |             |
| ✓ No                                                                                |                                                                                                                                 |             |
| Yes                                                                                 |                                                                                                                                 |             |
| 4.4                                                                                 |                                                                                                                                 | £4.040.00   |
|                                                                                     | Loot 4 digits of account number 2 C 7 4                                                                                         | \$1,042.00  |
| Bank of America (p) Nonpriority Creditor's Name                                     | Last 4 digits of account number2674                                                                                             |             |
| PO Box 982238                                                                       | When was the debt incurred? 2012                                                                                                |             |
| Number Street                                                                       | As of the date you file, the claim is: Check all that apply.                                                                    |             |
|                                                                                     | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                                                                         |             |
|                                                                                     | — ☐ Disputed                                                                                                                    |             |
| El Paso         TX         79998-2238           Citv         State         ZIP Code | <b>–</b>                                                                                                                        |             |
| City State ZIP Code  Who incurred the debt? Check one.                              | Type of NONPRIORITY unsecured claim:                                                                                            |             |
| Debtor 1 only                                                                       | Student loans                                                                                                                   |             |
| Debtor 2 only                                                                       | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only                                                          | Debts to pension or profit-sharing plans, and other similar debts                                                               |             |
| At least one of the debtors and another                                             | ☑ Other. Specify                                                                                                                |             |
| ☐ Check if this claim is for a community debt                                       | Credit Card                                                                                                                     |             |
| Is the claim subject to offset?                                                     |                                                                                                                                 |             |
| No Voc                                                                              |                                                                                                                                 |             |
| Yes                                                                                 |                                                                                                                                 |             |
| 4.5                                                                                 |                                                                                                                                 | \$650.00    |
| Barclays Bank Delaware                                                              | _ Last 4 digits of account number 2 5 2 2                                                                                       |             |
| Nonpriority Creditor's Name Attn: Correspondence                                    | When was the debt incurred? 2015                                                                                                |             |
| Number Street                                                                       | As of the date you file, the claim is: Check all that apply.                                                                    |             |
| PO Box 8801                                                                         | _ Contingent                                                                                                                    |             |
|                                                                                     | Unliquidated                                                                                                                    |             |
| Wilmington DE 19899                                                                 | ─                                                                                                                               |             |
| City State ZIP Code  Who incurred the debt? Check one.                              | Type of NONPRIORITY unsecured claim:                                                                                            |             |
| Debtor 1 only                                                                       | Student loans                                                                                                                   |             |
| Debtor 2 only                                                                       | Obligations arising out of a separation agreement or divorce                                                                    |             |
| Debtor 1 and Debtor 2 only                                                          | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |             |
| At least one of the debtors and another                                             | Other. Specify                                                                                                                  |             |
| ☐ Check if this claim is for a community debt                                       | Credit Card                                                                                                                     |             |
| Is the claim subject to offset?                                                     |                                                                                                                                 |             |
| <u>M</u> No                                                                         |                                                                                                                                 |             |
| ☐ Yes                                                                               |                                                                                                                                 |             |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                          | Case number (if known)                                                                                                          |             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|
| Part 2: Your NONPRIORITY Unsecu                                                     | red Claims Continuation Page                                                                                                    |             |
| After listing any entries on this page, number the previous page.                   | em sequentially from the                                                                                                        | Total claim |
| 4.6                                                                                 |                                                                                                                                 | \$30,331.00 |
| BBVA Compass                                                                        | Last 4 digits of account number 4 6 3 8                                                                                         |             |
| Nonpriority Creditor's Name                                                         | When was the debt incurred? 2017                                                                                                |             |
| Attn: Bankruptcy Number Street                                                      | As of the date you file, the claim is: Check all that apply.                                                                    |             |
| PO Box 10566                                                                        | _ Contingent                                                                                                                    |             |
|                                                                                     | Unliquidated                                                                                                                    |             |
| Birmingham AL 35296                                                                 | Disputed                                                                                                                        |             |
| City State ZIP Code                                                                 | Type of NONPRIORITY unsecured claim:                                                                                            |             |
| Who incurred the debt? Check one.  ✓ Debtor 1 only                                  | Student loans                                                                                                                   |             |
| Debtor 2 only                                                                       | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only                                                          | Debts to pension or profit-sharing plans, and other similar debts                                                               |             |
| At least one of the debtors and another                                             | ☐ Other. Specify                                                                                                                |             |
| ☐ Check if this claim is for a community debt                                       | Loan                                                                                                                            |             |
| Is the claim subject to offset?                                                     |                                                                                                                                 |             |
| No Var                                                                              |                                                                                                                                 |             |
| Yes                                                                                 |                                                                                                                                 |             |
| 4.7                                                                                 |                                                                                                                                 | \$1,834.00  |
| Capital One (p)                                                                     | Last 4 digits of account number 5 0 7 3                                                                                         | <u> </u>    |
| Nonpriority Creditor's Name                                                         | When was the debt incurred? 2015                                                                                                |             |
| Attn: Bankruptcy Number Street                                                      | As of the date you file, the claim is: Check all that apply.                                                                    |             |
| PO Box 30285                                                                        | _ Contingent                                                                                                                    |             |
|                                                                                     | Unliquidated                                                                                                                    |             |
| Salt Lake City UT 84130-0285                                                        | Disputed                                                                                                                        |             |
| City State ZIP Code                                                                 | Type of NONPRIORITY unsecured claim:                                                                                            |             |
| Who incurred the debt? Check one.                                                   | Student loans                                                                                                                   |             |
| Debtor 1 only                                                                       | Obligations arising out of a separation agreement or divorce                                                                    |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                                            | that you did not report as priority claims                                                                                      |             |
| At least one of the debtors and another                                             | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                                            |             |
| Check if this claim is for a community debt                                         | ✓ Other. Specify  Credit Card                                                                                                   |             |
| Is the claim subject to offset?                                                     |                                                                                                                                 |             |
| <b>☑</b> No                                                                         |                                                                                                                                 |             |
| Yes                                                                                 |                                                                                                                                 |             |
| 4.8                                                                                 |                                                                                                                                 | ¢7 422 00   |
|                                                                                     | Last 4 digits of account number 0 9 5 4                                                                                         | \$7,422.00  |
| Care Credit - Synchrony Bank(p) Nonpriority Creditor's Name                         | — — — — — —                                                                                                                     |             |
| PO Box 960061                                                                       | <del></del>                                                                                                                     |             |
| Number Street                                                                       | As of the date you file, the claim is: Check all that apply.  Contingent                                                        |             |
|                                                                                     | Unliquidated                                                                                                                    |             |
| Orlando El 2000 0004                                                                | Disputed                                                                                                                        |             |
| Orlando         FL         32896-0061           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:                                                                                            |             |
| Who incurred the debt? Check one.                                                   | Student loans                                                                                                                   |             |
| Debtor 1 only                                                                       | ☐ Obligations arising out of a separation agreement or divorce                                                                  |             |
| Debtor 2 only                                                                       | that you did not report as priority claims                                                                                      |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                 | Debts to pension or profit-sharing plans, and other similar debts                                                               |             |
| Check if this claim is for a community debt                                         | ✓ Other. Specify  Credit Card                                                                                                   |             |
| Is the claim subject to offset?                                                     | Credit Card                                                                                                                     |             |
| No                                                                                  |                                                                                                                                 |             |
| Yes                                                                                 |                                                                                                                                 |             |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker          | Case number (if known)                                                                                        |               |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------|
| Part 2: Your NONPRIORITY Unsecu                                     | red Claims Continuation Page                                                                                  |               |
| After listing any entries on this page, number the                  | m sequentially from the                                                                                       | Total claim   |
| previous page.  4.9                                                 |                                                                                                               | <b>*</b> 0.00 |
|                                                                     | Last 4 digits of account number 0 2 6 2                                                                       | \$0.00        |
| CenterPoint Energy Nonpriority Creditor's Name                      | Last 4 digits of account number _9_ 3_ 6_ 3_ When was the debt incurred? 2004                                 |               |
| PO Box 2628<br>Number Street                                        | As of the date you file, the claim is: Check all that apply.                                                  |               |
| Number Street                                                       | _ ☐ Contingent                                                                                                |               |
|                                                                     | Unliquidated                                                                                                  |               |
| Houston TX 77252-2628                                               | Disputed                                                                                                      |               |
| City State ZIP Code                                                 | Type of NONPRIORITY unsecured claim:                                                                          |               |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                  | Student loans                                                                                                 |               |
| Debtor 1 only Debtor 2 only                                         | Obligations arising out of a separation agreement or divorce                                                  |               |
| Debtor 1 and Debtor 2 only                                          | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |               |
| At least one of the debtors and another                             | Other. Specify                                                                                                |               |
| Check if this claim is for a community debt                         | Utilities                                                                                                     |               |
| Is the claim subject to offset?                                     |                                                                                                               |               |
| ☑ No<br>□ Yes                                                       |                                                                                                               |               |
|                                                                     |                                                                                                               |               |
| 4.10                                                                |                                                                                                               | \$389.08      |
| Citibank - Goodyear                                                 | Last 4 digits of account number 9 6 8 6                                                                       |               |
| Nonpriority Creditor's Name Citibank Corp/Centralized Bankruptcy    | When was the debt incurred? 2011                                                                              |               |
| Number Street                                                       | As of the date you file, the claim is: Check all that apply.                                                  |               |
| PO Box 790034                                                       | ☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent                                                        |               |
|                                                                     | □ Disputed                                                                                                    |               |
| Saint Louis MO 63179                                                |                                                                                                               |               |
| City State ZIP Code  Who incurred the debt? Check one.              | Type of NONPRIORITY unsecured claim:                                                                          |               |
| ✓ Debtor 1 only                                                     | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |               |
| Debtor 2 only                                                       | that you did not report as priority claims                                                                    |               |
| Debtor 1 and Debtor 2 only At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts                                             |               |
| Check if this claim is for a community debt                         |                                                                                                               |               |
| Is the claim subject to offset?                                     | Credit Card                                                                                                   |               |
| ✓ No                                                                |                                                                                                               |               |
| Yes                                                                 |                                                                                                               |               |
| 4.11                                                                |                                                                                                               | \$6,863.00    |
| Citicards (p)                                                       | Last 4 digits of account number 6 4 1 1                                                                       | <del></del>   |
| Nonpriority Creditor's Name                                         | When was the debt incurred? 2011                                                                              |               |
| General Correspondence Number Street                                | As of the date you file, the claim is: Check all that apply.                                                  |               |
| Citibank Customer Service                                           | _ Contingent                                                                                                  |               |
| PO Box 6500                                                         | ☐ Unliquidated<br>☐ ☐ Disputed                                                                                |               |
| Sioux Falls SD 57117                                                |                                                                                                               |               |
| City State ZIP Code  Who incurred the debt? Check one.              | Type of NONPRIORITY unsecured claim:                                                                          |               |
| Debtor 1 only                                                       | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |               |
| Debtor 2 only                                                       | that you did not report as priority claims                                                                    |               |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts                                             |               |
| Check if this claim is for a community debt                         | Other. Specify                                                                                                |               |
| Is the claim subject to offset?                                     | Credit Card                                                                                                   |               |
| No                                                                  |                                                                                                               |               |
| Yes                                                                 |                                                                                                               |               |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                               | Case number (if known)                                                                                        |             |  |  |  |  |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|
| Part 2: Your NONPRIORITY Unsecur                                                         | red Claims Continuation Page                                                                                  |             |  |  |  |  |
| After listing any entries on this page, number them sequentially from the previous page. |                                                                                                               |             |  |  |  |  |
| 4.12                                                                                     |                                                                                                               | \$77.00     |  |  |  |  |
| Comenity Capital Bank(p) - Alon                                                          | _ Last 4 digits of account number _3_ 7_ 8_ 4_                                                                |             |  |  |  |  |
| Nonpriority Creditor's Name  Bankruptcy Dept                                             | When was the debt incurred? 2001                                                                              |             |  |  |  |  |
| Number Street                                                                            | As of the date you file, the claim is: Check all that apply.                                                  |             |  |  |  |  |
| PO Box 183043                                                                            | □ Contingent     □ Unliquidated                                                                               |             |  |  |  |  |
|                                                                                          | Disputed                                                                                                      |             |  |  |  |  |
| Columbus         OH         43218-3043           City         State         ZIP Code     | Turns of NONDRIGHTY unaccounted eleiter                                                                       |             |  |  |  |  |
| Who incurred the debt? Check one.                                                        | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                                         |             |  |  |  |  |
| Debtor 1 only                                                                            | Obligations arising out of a separation agreement or divorce                                                  |             |  |  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only                                                 | that you did not report as priority claims                                                                    |             |  |  |  |  |
| At least one of the debtors and another                                                  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |  |  |  |  |
| ☐ Check if this claim is for a community debt                                            | Credit Card                                                                                                   |             |  |  |  |  |
| Is the claim subject to offset?                                                          |                                                                                                               |             |  |  |  |  |
| ☑ No<br>□ Yes                                                                            |                                                                                                               |             |  |  |  |  |
| Yes                                                                                      |                                                                                                               |             |  |  |  |  |
| 4.13                                                                                     |                                                                                                               | \$849.00    |  |  |  |  |
| Dillard's/Wells Fargo Bank                                                               | Last 4 digits of account number3410_                                                                          |             |  |  |  |  |
| Nonpriority Creditor's Name PO Box 51193                                                 | When was the debt incurred? 2014                                                                              |             |  |  |  |  |
| Number Street                                                                            | As of the date you file, the claim is: Check all that apply.                                                  |             |  |  |  |  |
|                                                                                          | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                                                       |             |  |  |  |  |
|                                                                                          | Disputed                                                                                                      |             |  |  |  |  |
| Los Angeles         CA         90051           City         State         ZIP Code       | Time of NONDRIGHTY improvinged eleims                                                                         |             |  |  |  |  |
| Who incurred the debt? Check one.                                                        | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                                         |             |  |  |  |  |
| Debtor 1 only                                                                            | Obligations arising out of a separation agreement or divorce                                                  |             |  |  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only                                                 | that you did not report as priority claims                                                                    |             |  |  |  |  |
| At least one of the debtors and another                                                  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |  |  |  |  |
| ☐ Check if this claim is for a community debt                                            | Credit Card                                                                                                   |             |  |  |  |  |
| Is the claim subject to offset?                                                          |                                                                                                               |             |  |  |  |  |
| ☑ No<br>□ Yes                                                                            |                                                                                                               |             |  |  |  |  |
|                                                                                          |                                                                                                               |             |  |  |  |  |
| 4.14                                                                                     |                                                                                                               | \$11,905.00 |  |  |  |  |
| Discover Financial Services LLC (p)                                                      | Last 4 digits of account number2187_                                                                          |             |  |  |  |  |
| Nonpriority Creditor's Name PO Box 3025                                                  | When was the debt incurred? 2014                                                                              |             |  |  |  |  |
| Number Street                                                                            | As of the date you file, the claim is: Check all that apply.                                                  |             |  |  |  |  |
|                                                                                          | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                                                       |             |  |  |  |  |
| Now Albany OH 42054 2025                                                                 | Disputed                                                                                                      |             |  |  |  |  |
| New Albany         OH         43054-3025           City         State         ZIP Code   | Type of NONPRIORITY unsecured claim:                                                                          |             |  |  |  |  |
| Who incurred the debt? Check one.                                                        | Student loans                                                                                                 |             |  |  |  |  |
| Debtor 1 only Debtor 2 only                                                              | Obligations arising out of a separation agreement or divorce                                                  |             |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                               | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |  |  |  |  |
| At least one of the debtors and another                                                  | Other. Specify                                                                                                |             |  |  |  |  |
| ☐ Check if this claim is for a community debt                                            | Credit Card                                                                                                   |             |  |  |  |  |
| Is the claim subject to offset?                                                          |                                                                                                               |             |  |  |  |  |
| ☑ No<br>□ Yes                                                                            |                                                                                                               |             |  |  |  |  |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                             | Case number (if known)                                                               |             |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------|
| Part 2: Your NONPRIORITY Unsecu                                                        | red Claims Continuation Page                                                         |             |
| After listing any entries on this page, number the previous page.                      | m sequentially from the                                                              | Total claim |
| 4.15                                                                                   |                                                                                      | \$2,483.00  |
| Discover Financial Services LLC (p)                                                    | Last 4 digits of account number 1 8 1 2                                              |             |
| Nonpriority Creditor's Name PO Box 3025                                                | When was the debt incurred? 2017                                                     |             |
| Number Street                                                                          | As of the date you file, the claim is: Check all that apply.                         |             |
|                                                                                        | _ Contingent                                                                         |             |
|                                                                                        | ☐ Unliquidated<br>☐ ☐ Disputed                                                       |             |
| New Albany         OH         43054-3025           City         State         ZIP Code | - Toward MONDRIORITY was a sound delain.                                             |             |
| Who incurred the debt? Check one.                                                      | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                |             |
| Debtor 1 only                                                                          | ☐ Obligations arising out of a separation agreement or divorce                       |             |
| ☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                           | that you did not report as priority claims                                           |             |
| At least one of the debtors and another                                                | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| Check if this claim is for a community debt                                            | ✓ Other. Specify  Credit Card                                                        |             |
| Is the claim subject to offset?                                                        | 3.53.1                                                                               |             |
| No                                                                                     |                                                                                      |             |
| Yes                                                                                    |                                                                                      |             |
| 4.16                                                                                   |                                                                                      | \$75.00     |
| First National Bank of Omaha                                                           | Last 4 digits of account number 5 5 8 9                                              |             |
| Nonpriority Creditor's Name 1620 Dodge Street Stop Code 3105                           | When was the debt incurred? 2017                                                     |             |
| Number Street                                                                          | As of the date you file, the claim is: Check all that apply.                         |             |
|                                                                                        | _ Contingent                                                                         |             |
|                                                                                        | ☐ Unliquidated<br>☐ ☐ Disputed                                                       |             |
| Omaha NE 68197                                                                         |                                                                                      |             |
| City State ZIP Code  Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:                                                 |             |
| Debtor 1 only                                                                          | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce       |             |
| Debtor 2 only                                                                          | that you did not report as priority claims                                           |             |
| ✓ Debtor 1 and Debtor 2 only At least one of the debtors and another                   | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| ☐ Check if this claim is for a community debt                                          |                                                                                      |             |
| □ s the claim subject to offset?                                                       | orean ouru                                                                           |             |
| <b>☑</b> No                                                                            |                                                                                      |             |
| Yes                                                                                    |                                                                                      |             |
| 4.17                                                                                   |                                                                                      | \$257.00    |
| Home Depot (p)                                                                         | Last 4 digits of account number 8 1 4 5                                              | <del></del> |
| Nonpriority Creditor's Name                                                            | When was the debt incurred? 2012                                                     |             |
| Corporate Office Number Street                                                         | As of the date you file, the claim is: Check all that apply.                         |             |
| 2455 Paces Ferry Road                                                                  | _ Contingent                                                                         |             |
|                                                                                        | ☐ Unliquidated<br>☐ ☐ Disputed                                                       |             |
| Atlanta GA 30339                                                                       |                                                                                      |             |
| City State ZIP Code  Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:                                                 |             |
| Debtor 1 only                                                                          | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce       |             |
| Debtor 2 only                                                                          | that you did not report as priority claims                                           |             |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                  |             |
| Check if this claim is for a community debt                                            |                                                                                      |             |
| Is the claim subject to offset?                                                        | Ji Guit Gai u                                                                        |             |
| ✓ No                                                                                   |                                                                                      |             |
| Yes                                                                                    |                                                                                      |             |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                                       | Case number (if known)                                                                            |              |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------|
| Part 2: Your NONPRIORITY Unsecu                                                                  | red Claims Continuation Page                                                                      |              |
| After listing any entries on this page, number the previous page.                                | m sequentially from the                                                                           | Total claim  |
| 4.18                                                                                             |                                                                                                   | \$6,985.00   |
| OneMain Financial(p)                                                                             | Last 4 digits of account number 8 4 9 5                                                           |              |
| Nonpriority Creditor's Name                                                                      | When was the debt incurred? 2018                                                                  |              |
| PO Box 6042<br>Number Street                                                                     | As of the date you file, the claim is: Check all that apply.                                      |              |
|                                                                                                  | ☐ Contingent ☐ Unliquidated                                                                       |              |
| Siany Falla CD 57447 5042                                                                        | Disputed                                                                                          |              |
| Sioux Falls         SD         57117-6042           City         State         ZIP Code          | Type of NONPRIORITY unsecured claim:                                                              |              |
| Who incurred the debt? Check one.                                                                | Student loans                                                                                     |              |
| Debtor 1 only                                                                                    | Obligations arising out of a separation agreement or divorce                                      |              |
| Debtor 2 only Debtor 1 and Debtor 2 only                                                         | that you did not report as priority claims                                                        |              |
| At least one of the debtors and another                                                          | Debts to pension or profit-sharing plans, and other similar debts                                 |              |
| ☐ Check if this claim is for a community debt                                                    |                                                                                                   |              |
| Is the claim subject to offset?                                                                  | Loan                                                                                              |              |
| ✓ No                                                                                             |                                                                                                   |              |
| Yes                                                                                              |                                                                                                   |              |
| 4.19                                                                                             |                                                                                                   | ¢4 292 00    |
| Sam's Club/Synchrony Bank (p)                                                                    | Last 4 digits of account number 7 9 6 2                                                           | \$1,283.00   |
| Nonpriority Creditor's Name                                                                      | When was the debt incurred? 2004                                                                  |              |
| Attn: Bankruptcy Dept                                                                            | <u> </u>                                                                                          |              |
| Number Street PO Box 965060                                                                      | <ul><li>As of the date you file, the claim is: Check all that apply.</li><li>Contingent</li></ul> |              |
|                                                                                                  | Unliquidated                                                                                      |              |
| Oules de                                                                                         | Disputed                                                                                          |              |
| Orlando         FL         32896-5060           City         State         ZIP Code              | Type of NONPRIORITY unsecured claim:                                                              |              |
| Who incurred the debt? Check one.                                                                | Student loans                                                                                     |              |
| Debtor 1 only                                                                                    | ☐ Obligations arising out of a separation agreement or divorce                                    |              |
| Debtor 2 only Debtor 1 and Debtor 2 only                                                         | that you did not report as priority claims                                                        |              |
| <ul><li>✓ Debtor 1 and Debtor 2 only</li><li>✓ At least one of the debtors and another</li></ul> | Debts to pension or profit-sharing plans, and other similar debts                                 |              |
| Check if this claim is for a community debt                                                      |                                                                                                   |              |
| Is the claim subject to offset?                                                                  | Credit Gard                                                                                       |              |
| No                                                                                               |                                                                                                   |              |
| Yes                                                                                              |                                                                                                   |              |
| 4.20                                                                                             |                                                                                                   | <b>#0.00</b> |
|                                                                                                  | Last 4 digits of account number 7 3 8 3                                                           | \$0.00       |
| Target Bankruptcy Dept (p) Nonpriority Creditor's Name                                           | — — <del>— — — —</del>                                                                            |              |
| PO Box 9475                                                                                      | When was the debt incurred? 1995                                                                  |              |
| Number Street                                                                                    | As of the date you file, the claim is: Check all that apply.                                      |              |
|                                                                                                  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                                           |              |
|                                                                                                  | — ☑ Disputed                                                                                      |              |
| Minneapolis         MN         55440           City         State         ZIP Code               | _                                                                                                 |              |
| Who incurred the debt? Check one.                                                                | Type of NONPRIORITY unsecured claim:                                                              |              |
| Debtor 1 only                                                                                    | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                    |              |
| Debtor 2 only                                                                                    | that you did not report as priority claims                                                        |              |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                              | ☐ Debts to pension or profit-sharing plans, and other similar debts                               |              |
| <b>-</b>                                                                                         | Other. Specify                                                                                    |              |
| Check if this claim is for a community debt                                                      | Credit Card                                                                                       |              |
| Is the claim subject to offset?  ✓ No                                                            |                                                                                                   |              |
| Yes To                                                                                           |                                                                                                   |              |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                               | Case number (if known)                                                                                                          |            |  |  |  |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|
| Part 2: Your NONPRIORITY Unsecu                                                          | red Claims Continuation Page                                                                                                    |            |  |  |  |
| After listing any entries on this page, number them sequentially from the previous page. |                                                                                                                                 |            |  |  |  |
| 4.21                                                                                     |                                                                                                                                 | \$300.00   |  |  |  |
| Texas Att Gen Child Support Div(p)                                                       | Last 4 digits of account number                                                                                                 |            |  |  |  |
| Nonpriority Creditor's Name Child Support Division Dallas Region IV                      | When was the debt incurred? 2019                                                                                                |            |  |  |  |
| Number Street                                                                            | As of the date you file, the claim is: Check all that apply.                                                                    |            |  |  |  |
| Bankruptcy Reporting Contact OAG/CSD/Mail Code 38                                        | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                                                                         |            |  |  |  |
|                                                                                          | Disputed                                                                                                                        |            |  |  |  |
| Austin         TX         78711-2017           City         State         ZIP Code       | Type of NONPRIORITY unsecured claim:                                                                                            |            |  |  |  |
| Who incurred the debt? Check one.                                                        | ☐ Student loans                                                                                                                 |            |  |  |  |
| Debtor 1 only Debtor 2 only                                                              | Obligations arising out of a separation agreement or divorce                                                                    |            |  |  |  |
| Debtor 1 and Debtor 2 only                                                               | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |            |  |  |  |
| At least one of the debtors and another                                                  | ✓ Other. Specify                                                                                                                |            |  |  |  |
| Check if this claim is for a community debt                                              | Child support overpayment                                                                                                       |            |  |  |  |
| Is the claim subject to offset?  ✓ No                                                    |                                                                                                                                 |            |  |  |  |
| Yes                                                                                      |                                                                                                                                 |            |  |  |  |
| 4.22                                                                                     |                                                                                                                                 |            |  |  |  |
|                                                                                          | Last 4 digits of account number 0 4 0 0                                                                                         | \$1,644.00 |  |  |  |
| US Bank (p) Nonpriority Creditor's Name                                                  | Last 4 digits of account number0100<br>When was the debt incurred?2017                                                          |            |  |  |  |
| PO Box 5229<br>Number Street                                                             | As of the date you file, the claim is: Check all that apply.                                                                    |            |  |  |  |
| Number Sueet                                                                             | _ ☐ Contingent                                                                                                                  |            |  |  |  |
|                                                                                          | Unliquidated                                                                                                                    |            |  |  |  |
| Cincinnati OH 45201-5229                                                                 | ─                                                                                                                               |            |  |  |  |
| City State ZIP Code  Who incurred the debt? Check one.                                   | Type of NONPRIORITY unsecured claim:                                                                                            |            |  |  |  |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                                       | Student loans                                                                                                                   |            |  |  |  |
| Debtor 2 only                                                                            | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |            |  |  |  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                      | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                             |            |  |  |  |
| Check if this claim is for a community debt                                              | Other. Specify                                                                                                                  |            |  |  |  |
| Is the claim subject to offset?                                                          | Credit Card                                                                                                                     |            |  |  |  |
| ✓ No                                                                                     |                                                                                                                                 |            |  |  |  |
| Yes                                                                                      |                                                                                                                                 |            |  |  |  |
| 4.23                                                                                     |                                                                                                                                 | \$1,168.00 |  |  |  |
| US Bank (p) - Academy                                                                    | Last 4 digits of account number419 8                                                                                            |            |  |  |  |
| Nonpriority Creditor's Name PO Box 5229                                                  | When was the debt incurred? 2016                                                                                                |            |  |  |  |
| Number Street                                                                            | As of the date you file, the claim is: Check all that apply.                                                                    |            |  |  |  |
|                                                                                          | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                                                                         |            |  |  |  |
| Cincinnati OH 45201-5229                                                                 | Disputed                                                                                                                        |            |  |  |  |
| City State ZIP Code                                                                      | Type of NONPRIORITY unsecured claim:                                                                                            |            |  |  |  |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                                       | Student loans                                                                                                                   |            |  |  |  |
| Debtor 1 only Debtor 2 only                                                              | Obligations arising out of a separation agreement or divorce                                                                    |            |  |  |  |
| Debtor 1 and Debtor 2 only                                                               | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |            |  |  |  |
| At least one of the debtors and another                                                  | Other. Specify                                                                                                                  |            |  |  |  |
| Check if this claim is for a community debt                                              | Credit Card                                                                                                                     |            |  |  |  |
| Is the claim subject to offset?  ✓ No                                                    |                                                                                                                                 |            |  |  |  |
| ☐ Yes                                                                                    |                                                                                                                                 |            |  |  |  |

| Debtor 1<br>Debtor 2      | Bobby Stoke<br>Stephanie C     |          | ook Stoker      | Case number (if known)                                                                                  |             |
|---------------------------|--------------------------------|----------|-----------------|---------------------------------------------------------------------------------------------------------|-------------|
| Part 2:                   | Your NON                       | IPRIO    | RITY Unsecur    | ed Claims Continuation Page                                                                             |             |
| After listing previous pa | •                              | n this p | age, number the | n sequentially from the                                                                                 | Total claim |
| 4.24                      |                                |          |                 |                                                                                                         | \$1,727.00  |
| USAA Fed                  | eral Savings                   | Bank     |                 | Last 4 digits of account number 1 5 6 8                                                                 |             |
| Nonpriority Cre           |                                |          |                 | When was the debt incurred? 2014                                                                        |             |
|                           | <b>Dermott Free\</b><br>Street | way      |                 | As of the date you file, the claim is: Check all that apply.                                            |             |
|                           |                                |          |                 | _ Contingent                                                                                            |             |
|                           |                                |          |                 | Unliquidated                                                                                            |             |
| San Anton                 | io                             | TX       | 78288-0570      | Disputed                                                                                                |             |
| City                      | ed the debt?                   | State    | ZIP Code        | Type of NONPRIORITY unsecured claim:                                                                    |             |
| Debtor 1                  |                                | Check    | . one.          | Student loans                                                                                           |             |
| Debtor 2                  | •                              |          |                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| Debtor 1                  | and Debtor 2                   | only     |                 | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ☐ At least                | one of the debt                | ors and  | I another       | ✓ Other. Specify                                                                                        |             |
| ☐ Check i                 | f this claim is f              | or a co  | mmunity debt    | Credit Card                                                                                             |             |
|                           | subject to offs                | set?     |                 |                                                                                                         |             |
| ✓ No<br>☐ Yes             |                                |          |                 |                                                                                                         |             |
|                           |                                |          |                 |                                                                                                         |             |
| 4.25                      |                                |          |                 |                                                                                                         | \$2,961.00  |
| Walmart -                 | Synchrony B                    | ank (p   | )               | Last 4 digits of account number 6 2 2 0                                                                 | <del></del> |
| Nonpriority Cre           | _                              |          | -               | When was the debt incurred? 2006                                                                        |             |
|                           | Kruptcy Dept Street            |          |                 | As of the date you file, the claim is: Check all that apply.                                            |             |
| PO Box 96                 | 5060                           |          |                 | _ Contingent                                                                                            |             |
|                           |                                |          |                 | Unliquidated                                                                                            |             |
| Orlando                   |                                | FL       | 32896-5060      | Disputed                                                                                                |             |
| City                      | - 141 - 1-140                  | State    | ZIP Code        | Type of NONPRIORITY unsecured claim:                                                                    |             |
| Debtor 1                  | ed the debt?                   | Check    | one.            | ☐ Student loans                                                                                         |             |
| Debtor 2                  |                                |          |                 | Obligations arising out of a separation agreement or divorce                                            |             |
| <b></b>                   | and Debtor 2                   | only     |                 | that you did not report as priority claims                                                              |             |
|                           | one of the debt                | ors and  | l another       | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                    |             |
| ☐ Check i                 | f this claim is f              | or a co  | mmunity debt    | Credit Card                                                                                             |             |
| Is the claim              | subject to offs                | set?     |                 |                                                                                                         |             |
| ✓ No<br>☐ Yes             |                                |          |                 |                                                                                                         |             |

| Debtor 1<br>Debtor 2 | Bobby Stoker<br>Stephanie Carol Cook Stoker            | Case number (if known) |
|----------------------|--------------------------------------------------------|------------------------|
| Part 3:              | List Others to Be Notified About a Debt That You Alrea | ndv Listed             |

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| American Express(p)               |         |            | On which entry in Part 1 or Part 2 did you list the original creditor?        |  |  |  |  |
|-----------------------------------|---------|------------|-------------------------------------------------------------------------------|--|--|--|--|
| Name <b>PO Box 981535</b>         |         |            | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims        |  |  |  |  |
| Number Street                     |         |            | · _ · _ · _ · _ ·                                                             |  |  |  |  |
|                                   |         |            | Part 2: Creditors with Nonpriority Unsecured Claims                           |  |  |  |  |
|                                   |         |            | — Last 4 digits of account number 6 8 1 3                                     |  |  |  |  |
| El Paso                           | TX      | 79998-1535 | — Last 4 digits of account number <u>6</u> <u>8</u> <u>1</u> <u>3</u>         |  |  |  |  |
| City                              | State   | ZIP Code   | _                                                                             |  |  |  |  |
| Attorney General of the           | Unitod  | States(n)  | On which entry in Part 1 or Part 2 did you list the original creditor?        |  |  |  |  |
| Name                              | Officea | States(p)  | — On which chary in rate 1 of rate 2 and you list the original oreators       |  |  |  |  |
| 950 Pennsylvania Ave,             | NW      |            | Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims     |  |  |  |  |
| Number Street                     |         |            | Part 2: Creditors with Nonpriority Unsecured Claims                           |  |  |  |  |
|                                   |         |            | Last 4 digits of account number                                               |  |  |  |  |
| Washington                        | DC      | 20530-0001 |                                                                               |  |  |  |  |
| City                              | State   | ZIP Code   | _                                                                             |  |  |  |  |
| Bank of America                   |         |            | On which entry in Part 1 or Part 2 did you list the original creditor?        |  |  |  |  |
| Name                              |         |            | _ , , , , ,                                                                   |  |  |  |  |
| 100 North Tryon St. Number Street |         |            | Line of (Check one):                                                          |  |  |  |  |
|                                   |         |            | Part 2: Creditors with Nonpriority Unsecured Claims                           |  |  |  |  |
|                                   |         |            | Last 4 digits of account number                                               |  |  |  |  |
| Charlotte                         | NC      | 28202      |                                                                               |  |  |  |  |
| City                              | State   | ZIP Code   |                                                                               |  |  |  |  |
| Bank of America                   |         |            | On which entry in Part 1 or Part 2 did you list the original creditor?        |  |  |  |  |
| Name                              |         |            | — Line 4.0 of (Check and). — Bott 4. Conditions with Drivite Hospeyand Claims |  |  |  |  |
| 100 North Tryon St. Number Street |         |            | Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims     |  |  |  |  |
|                                   |         |            | Part 2: Creditors with Nonpriority Unsecured Claims                           |  |  |  |  |
|                                   |         |            | Last 4 digits of account number                                               |  |  |  |  |
| Charlotte                         | NC      | 28202      |                                                                               |  |  |  |  |
| City                              | State   | ZIP Code   | _                                                                             |  |  |  |  |
| Capital Management Se             | ervices | I P        | On which entry in Part 1 or Part 2 did you list the original creditor?        |  |  |  |  |
| Name                              |         |            | _                                                                             |  |  |  |  |
| 698 1/2 South Ogden St            |         |            | Line f (Check one):                                                           |  |  |  |  |
| Number Street                     |         |            | Part 2: Creditors with Nonpriority Unsecured Claims                           |  |  |  |  |
|                                   |         |            | Last 4 digits of account number                                               |  |  |  |  |
| Buffalo                           | NY      | 14206-2317 | <u> </u>                                                                      |  |  |  |  |
| Citv                              | State   | ZIP Code   |                                                                               |  |  |  |  |

| Debtor 1<br>Debtor 2         | Bobby Stoker<br>Stephanie Carol Co | ok Stoker      |                      |         |              | Cas        | e number (if known)                                 |
|------------------------------|------------------------------------|----------------|----------------------|---------|--------------|------------|-----------------------------------------------------|
| Part 3:                      | List Others to B                   | e Notified Abo | ut a Debt Th         | at Y    | ou Alreac    | ly Li      | sted Continuation Page                              |
| Internal F                   | Revenue Service                    |                | On which e           | entry   | in Part 1 or | Part       | 2 did you list the original creditor?               |
| <sub>Name</sub><br>Special P | Procedures Branch                  |                | —<br>Line <b>2.1</b> | of      | (Check one)  | : <b>\</b> | Part 1: Creditors with Priority Unsecured Claims    |
| Number                       | Street<br>nmerce MC 5020 DAL       |                |                      | _       |              |            | Part 2: Creditors with Nonpriority Unsecured Claims |
| Dallas                       | TX                                 | 75242          | — Last 4 digi        | ts of a | account nur  | nber       |                                                     |
| City                         | State                              | ZIP Code       | _                    |         |              |            |                                                     |
|                              | tates Attorney's Office            | )              | On which             | entry   | in Part 1 or | Part       | 2 did you list the original creditor?               |
|                              | Revenue Service                    |                | Line                 | of      | (Check one)  | : <b>~</b> | Part 1: Creditors with Priority Unsecured Claims    |
| Number<br>110 North          | Street<br>h College Avenue         |                |                      |         |              |            | Part 2: Creditors with Nonpriority Unsecured Claims |
| Suite 700                    | )                                  |                | —<br>— I ast 4 dini  | ts of a | account nur  | nher       |                                                     |
| Tyler                        | TX                                 | 75702-0204     |                      | .5 51 6 | account mun  |            | <del></del>                                         |
| City                         | State                              | ZIP Code       |                      |         |              |            |                                                     |

Debtor 1 Bobby Stoker

Debtor 2 Stephanie Carol Cook Stoker Case number (if known)

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |                                                                                                         |              | Total claim          |
|--------------------------|-----|---------------------------------------------------------------------------------------------------------|--------------|----------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations                                                                            | 6a.          | \$0.00               |
|                          | 6b. | Taxes and certain other debts you owe the government                                                    |              | \$5,118.00           |
|                          | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c.          | \$0.00               |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. <b>_</b> | <b>+</b> \$0.00      |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.                                                                  | 6d.          | \$5,118.00           |
|                          |     |                                                                                                         |              | Total claim          |
| Total claims from Part 2 | 6f. | Student loans                                                                                           | 6f.          | \$0.00               |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.          | \$0.00               |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.          | \$0.00               |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. <b>_</b> | ¥ <u>\$81,971.53</u> |
|                          | 6j. | <b>Total.</b> Add lines 6f through 6i.                                                                  | 6j.          | \$81,971.53          |

| Fill in this inf    | ormation to id     |                           |                |   |                       |
|---------------------|--------------------|---------------------------|----------------|---|-----------------------|
| Debtor 1            | Bobby              |                           | Stoker         |   |                       |
|                     | First Name         | Middle Name               | Last Name      |   |                       |
| Debtor 2            | Stephanie          | Carol Cook                | Stoker         |   |                       |
| (Spouse, if filing) | First Name         | Middle Name               | Last Name      |   |                       |
| United States Ba    | nkruptcy Court for | the: <b>EASTERN DIS</b> T | TRICT OF TEXAS |   |                       |
| Case number         |                    |                           |                | - | ☐ Check if this is an |
| (if known)          |                    |                           |                | _ | amended filing        |

## Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Fill in this inf                                                  | ormation to ide |             |                                    |  |                     |  |  |
|-------------------------------------------------------------------|-----------------|-------------|------------------------------------|--|---------------------|--|--|
| Debtor 1                                                          | Bobby           |             | Stoker                             |  |                     |  |  |
|                                                                   | First Name      | Middle Name | Last Name                          |  |                     |  |  |
| Debtor 2                                                          | Stephanie       | Carol Cook  | Stoker                             |  |                     |  |  |
| (Spouse, if filing)                                               | First Name      | Middle Name | Last Name                          |  |                     |  |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS |                 |             |                                    |  |                     |  |  |
| Case number                                                       |                 |             |                                    |  | Chook if this is on |  |  |
| (if known)                                                        |                 | ] "         | Check if this is an amended filing |  |                     |  |  |

## Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. | Do y<br>☑<br>□ | <b>rou h</b><br>No<br>Yes | ave any codebtors?                                                                   | (If you are filing a | i joint case, d | o not list either | spouse a | as a codebtor.)                                                         |
|----|----------------|---------------------------|--------------------------------------------------------------------------------------|----------------------|-----------------|-------------------|----------|-------------------------------------------------------------------------|
| 2. |                | ide A<br>No.              |                                                                                      | o, Louisiana, Neva   | da, New Mex     | ico, Puerto Rico  | o, Texas | (Community property states and territories, Washington, and Wisconsin.) |
|    |                |                           | Stephanie Carol Co<br>Name of your spouse, form<br>908 Garden Drive<br>Number Street | ok Stoker            | · _             | Texas 75603       | Fill     | in the name and current address of that person.                         |
|    |                |                           | City                                                                                 |                      | State           | ZIP Code          |          |                                                                         |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| Fill in this inforr                     | nation to identify |               |               |               |     |                                                                               |
|-----------------------------------------|--------------------|---------------|---------------|---------------|-----|-------------------------------------------------------------------------------|
| Debtor 1                                | Bobby              |               | Stoker        |               |     |                                                                               |
|                                         | First Name         | Middle Name   | Last Name     |               | Che | eck if this is:                                                               |
| Debtor 2                                | Stephanie          | Carol Cook    | Stoker        |               |     | An amended filing                                                             |
| (Spouse, if filing)                     | First Name         | Middle Name   | Last Name     |               | Ш   | 7th amended ming                                                              |
| United States Bankruptcy Court for the: |                    | EASTERN DISTI | RICT OF TEXAS |               |     | A supplement showing postpetition chapter 13 income as of the following date: |
| Case number                             |                    |               |               |               |     | onapter to meeting ac et alle tellething date.                                |
| (if known)                              |                    |               | _             |               |     | MM / DD / YYYY                                                                |
|                                         |                    |               |               | WIWIT BBTTTTT |     |                                                                               |

#### Official Form 106I

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

| 1. | Fill in your employment information.                                         |                                  | Debtor 1                                         |       |          | Debtor 2 or non-                                    | -filing spou | se       |   |
|----|------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------|----------|-----------------------------------------------------|--------------|----------|---|
|    | If you have more than one job, attach a separate page with information about | Employment status                | <ul><li>☐ Employed</li><li>✓ Not emplo</li></ul> |       |          | <ul><li>✓ Employed</li><li>☐ Not employed</li></ul> | ed           |          |   |
|    | additional employers.                                                        | Occupation                       | Debtor is Ret                                    | tired |          | Sr. Analyst Bu                                      | s. Operati   | ons      |   |
|    | Include part-time, seasonal, or self-employed work.                          | Employer's name                  |                                                  |       |          | Verizon                                             |              |          | _ |
|    | Occupation may include                                                       | n may include Employer's address |                                                  |       |          | 119 W Tyler Street                                  |              |          |   |
|    | student or homemaker, if it applies.                                         |                                  | Number Street                                    |       |          | Number Street                                       |              |          |   |
|    | арріїез.                                                                     |                                  |                                                  |       |          | Ste 102                                             |              |          | _ |
|    |                                                                              |                                  |                                                  |       |          |                                                     |              |          |   |
|    |                                                                              |                                  |                                                  |       |          | Longview                                            | TX           | 75601    |   |
|    |                                                                              |                                  | City                                             | State | Zip Code | City                                                | State        | Zip Code |   |
|    |                                                                              | How long employed the            | here?                                            |       |          | 27 Years                                            | i            | _        |   |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|    |                                                                                                                                                   |      | For Deptor 1 | non-filing spouse |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|-------------------|
| 2. | List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2.   | \$0.00       | \$5,215.69        |
| 3. | Estimate and list monthly overtime pay.                                                                                                           | 3. + | \$0.00       | \$0.00            |
| 4. | Calculate gross income. Add line 2 + line 3.                                                                                                      | 4.   | \$0.00       | \$5,215.69        |

Debtor 1 Bobby Stoker

| Deb     | tor 2              | Stephanie Carol Cook Stoker                                                                                                                                                                                                                                   |              | Case num              | nber (if kno | wn)         |          |                        |        |
|---------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|--------------|-------------|----------|------------------------|--------|
|         |                    |                                                                                                                                                                                                                                                               |              | For Debtor 1          | For Deb      | tor 2 or    | e        |                        |        |
|         | Copy               | y line 4 here                                                                                                                                                                                                                                                 | 4.           | \$0.00                |              | 215.69      | <u> </u> |                        |        |
| 5.      | List               | all payroll deductions:                                                                                                                                                                                                                                       |              | · · · · · ·           |              |             |          |                        |        |
|         |                    | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                 | 5a.          | \$0.00                | \$           | 988.89      |          |                        |        |
|         | 5b.                | Mandatory contributions for retirement plans                                                                                                                                                                                                                  | 5b.          | \$0.00                |              | \$0.00      |          |                        |        |
|         |                    | Voluntary contributions for retirement plans                                                                                                                                                                                                                  | 5c.          | \$0.00                | \$           | 312.93      |          |                        |        |
|         | 5d.                | Required repayments of retirement fund loans                                                                                                                                                                                                                  | 5d.          | \$0.00                | \$           | 244.40      |          |                        |        |
|         | 5e.                | Insurance                                                                                                                                                                                                                                                     | 5e.          | \$0.00                | \$           | 252.07      |          |                        |        |
|         | 5f.                | Domestic support obligations                                                                                                                                                                                                                                  | 5f.          | \$0.00                |              | \$0.00      |          |                        |        |
|         | 5g.                | Union dues                                                                                                                                                                                                                                                    | 5g.          | \$0.00                |              | \$0.00      |          |                        |        |
|         |                    | Other deductions. Specify: See continuation sheet                                                                                                                                                                                                             | 5h. <b>+</b> | \$0.00                |              | \$91.49     |          |                        |        |
| 6.      | <b>Add</b><br>5g + | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.                                                                                                                                                                                           | 6.           | \$0.00                | \$1,         | 889.78      |          |                        |        |
| 7.<br>° |                    | ulate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                               | 7.           | \$0.00                | \$3,         | 325.91      |          |                        |        |
| 8.      |                    | all other income regularly received:<br>Net income from rental property and from operating a                                                                                                                                                                  | 8a.          | \$0.00                |              | \$0.00      |          |                        |        |
|         |                    | business, profession, or farm                                                                                                                                                                                                                                 | oa.          | <u> </u>              |              | \$0.00      |          |                        |        |
|         |                    | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                                                                         |              |                       |              |             |          |                        |        |
|         | 8b.                | Interest and dividends                                                                                                                                                                                                                                        | 8b.          | \$0.00                |              | \$0.00      |          |                        |        |
|         |                    | Family support payments that you, a non-filing spouse, or a dependent regularly receive                                                                                                                                                                       | 8c.          | \$0.00                |              | \$0.00      |          |                        |        |
|         |                    | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                    |              |                       |              |             |          |                        |        |
|         | 8d.                | Unemployment compensation                                                                                                                                                                                                                                     | 8d.          | \$0.00                |              | \$0.00      |          |                        |        |
|         | 8e.                | Social Security                                                                                                                                                                                                                                               | 8e.          | \$2,026.70            |              | \$0.00      |          |                        |        |
|         |                    | Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |              |                       |              |             |          |                        |        |
|         |                    | Specify:                                                                                                                                                                                                                                                      | 8f.          | \$0.00                |              | \$0.00      |          |                        |        |
|         | 8g.                | Pension or retirement income                                                                                                                                                                                                                                  | 8g.          | \$0.00                |              | \$0.00      |          |                        |        |
|         |                    | Other monthly income.                                                                                                                                                                                                                                         |              |                       |              |             |          |                        |        |
|         |                    | Specify: Net Rental Income                                                                                                                                                                                                                                    | . 8h. 👍      | - <u>\$389.21</u>     |              | \$0.00      |          |                        |        |
| 9.      | Add                | <b>all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.                                                                                                                                                                                     | 9.           | \$2,415.91            |              | \$0.00      |          |                        |        |
| 10.     |                    | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                             | 10.          | \$2,415.91            | +\$3,        | ,325.91     | ]=[      | \$5,741.82             | _      |
| 11.     | State<br>Inclu     | e all other regular contributions to the expenses that you list in S de contributions from an unmarried partner, members of your househ ds or relatives.                                                                                                      |              |                       | roommate     | es, and ot  | her      |                        |        |
|         | Do n               | ot include any amounts already included in lines 2-10 or amounts tha                                                                                                                                                                                          | t are n      | ot available to pay e | xpenses li   | sted in Sc  | hedu     | ıle J.                 |        |
|         | Spec               | cify:                                                                                                                                                                                                                                                         |              |                       |              | 11.         | + _      | \$0.00                 | _,     |
| 12.     | incor              | the amount in the last column of line 10 to the amount in line 11. ne. Write that amount on the Summary of Your Assets and Liabilities                                                                                                                        |              |                       |              | 12.         | Ĺ        | \$5,741.82<br>Combined | _      |
| 12      |                    | pplies.  ou expect an increase or decrease within the year after you file t                                                                                                                                                                                   | his fo       | ·m?                   |              |             |          | nonthly income         | 9      |
|         | _ `                | No. Child support ended May 17, 2019. Renter in                                                                                                                                                                                                               |              |                       | 1 Rensi      | re mand     | ator     | v hefore can           | $\neg$ |
|         | =                  | Yes. Explain: be rented to new tenant through housing auti                                                                                                                                                                                                    |              |                       | , i. ivepaii | ı ə ıııdılü | atUſ     | y Deloie Call          |        |
|         |                    |                                                                                                                                                                                                                                                               |              |                       |              |             |          |                        |        |

| Debtor 1<br>Debtor 2 | Bobby Stoker Stephanie Carol Cook Stoker |         | Case nu      | mber (if known)                   |  |
|----------------------|------------------------------------------|---------|--------------|-----------------------------------|--|
| 5h. Oth              | er Payroll Deductions (details)          |         | For Debtor 1 | For Debtor 2 or non-filing spouse |  |
|                      | Insurance                                |         |              | \$76.00                           |  |
| Dis                  | ability Insurance                        |         |              | <b>\$15.49</b> _                  |  |
|                      |                                          | Totals: | \$0.00       | \$91.49                           |  |

| F          | ill in this inforn                               | nation to identi                                       | fy your case:                                                        |                     |                                             | DI 1.641.    |                                  |                                          |
|------------|--------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|---------------------|---------------------------------------------|--------------|----------------------------------|------------------------------------------|
|            | Dobtor 1                                         | Pabby                                                  |                                                                      | Stokor              | _                                           | Check if thi |                                  |                                          |
|            | Debtor 1                                         | Bobby<br>First Name                                    | Middle Name                                                          | Stoker<br>Last Name | •                                           | _            | nended filing<br>plement showing | postpetition                             |
|            | Debtor 2                                         | Stephanie                                              | Carol Cook                                                           | Stoker              |                                             |              | er 13 expenses a<br>ing date:    | s of the                                 |
|            | (Spouse, if filing)                              | First Name                                             | Middle Name                                                          | Last Name           |                                             |              | g dato.                          | <u></u>                                  |
|            |                                                  | ruptcy Court for the                                   | EASTERN DISTR                                                        | ICT OF TEX          | AS                                          | MM / [       | OD / YYYY                        |                                          |
| ı          | Case number<br>(if known)                        |                                                        |                                                                      |                     | _                                           |              |                                  |                                          |
| <u>Of</u>  | ficial Form 10                                   | <u> 06J</u>                                            |                                                                      |                     |                                             |              |                                  |                                          |
| Sc         | hedule J: Yo                                     | our Expense                                            | s                                                                    |                     |                                             |              |                                  | 12/15                                    |
| cor<br>nar | rect information. I                              | If more space is ne                                    | e. If two married peo<br>eded, attach another<br>wer every question. |                     |                                             |              |                                  |                                          |
| 1.         | Is this a joint cas                              |                                                        | FIIOIU                                                               |                     |                                             |              |                                  |                                          |
| 2.         | No. Go to lin  ✓ Yes. <b>Does </b> ✓ No          | ne 2.<br>Debtor 2 live in a se<br>s. Debtor 2 must fil | eparate household?<br>e Official Form 106J-2,<br>No                  |                     |                                             |              | r 2.                             |                                          |
|            | Do not list Debtor<br>Debtor 2.                  | 1 and                                                  | Yes. Fill out this infor for each dependent                          | mation <b>n</b>     | ependent's relations<br>ebtor 1 or Debtor 2 | ship to      | Dependent's age                  | Does dependent live with you?            |
|            | Debiol 2.                                        |                                                        |                                                                      | <u>G</u>            | randdaughter                                |              | 6                                | □ No<br>- 🗹 Yes                          |
|            | Do not state the d names.                        | ependents'                                             |                                                                      | <u>D</u> :          | aughter                                     |              | 18                               | No N |
|            |                                                  |                                                        |                                                                      | _                   |                                             |              |                                  | Yes No Yes No                            |
| 3.         | Do your expense expenses of peo yourself and you | ple other than                                         | ☑ No<br>□ Yes                                                        |                     |                                             |              |                                  | - ∏ Yes                                  |
| Р          | art 2: Estima                                    | ate Your Ongoi                                         | ng Monthly Expe                                                      | nses                |                                             |              |                                  |                                          |
| to r       |                                                  | of a date after the                                    | ruptcy filing date unl<br>bankruptcy is filed.                       | •                   | •                                           |              | •                                |                                          |
|            |                                                  |                                                        | n government assista<br>Schedule I: Your Inc                         |                     |                                             |              | Your expens                      | ses                                      |
| 4.         |                                                  |                                                        | enses for your resider<br>any rent for the ground                    |                     |                                             |              | 4.                               |                                          |
|            | If not included in                               | line 4:                                                |                                                                      |                     |                                             |              |                                  |                                          |
|            | 4a. Real estate t                                | axes                                                   |                                                                      |                     |                                             |              | 4a                               | \$134.00                                 |
|            | 4b. Property, hor                                | meowner's, or renter                                   | 's insurance                                                         |                     |                                             |              | 4b                               | \$275.00                                 |
|            | 4c. Home mainte                                  | enance, repair, and                                    | upkeep expenses                                                      |                     |                                             |              | 4c                               | \$200.00                                 |
|            | 4d. Homeowner's                                  | s association or con                                   | dominium dues                                                        |                     |                                             |              | 4d.                              |                                          |

Debtor 1 Bobby Stoker
Debtor 2 Stephanie Care

|     | tor 2 Stephanie Carol Cook Stoker Case number                                                              | (if known)             |
|-----|------------------------------------------------------------------------------------------------------------|------------------------|
|     |                                                                                                            | Your expenses          |
| 5.  | Additional mortgage payments for your residence, such as home equity loans                                 | 5.                     |
| 6.  | Utilities:                                                                                                 |                        |
|     | 6a. Electricity, heat, natural gas                                                                         | 6a. <b>\$250.00</b>    |
|     | 6b. Water, sewer, garbage collection (See continuation sheet(s) for details)                               | 6b. <b>\$67.00</b>     |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details) | 6c. <b>\$330.00</b>    |
|     | 6d. Other. Specify:                                                                                        | 6d.                    |
| 7.  | Food and housekeeping supplies                                                                             | 7. <b>\$800.00</b>     |
| 8.  | Childcare and children's education costs (Child Care Expenses)                                             | 8. <b>\$70.00</b>      |
| 9.  | Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)                                | 9. <b>\$260.00</b>     |
| 10. | Personal care products and services                                                                        | 10. <b>\$200.00</b>    |
| 11. | Medical and dental expenses                                                                                | 11. <b>\$250.00</b>    |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.           | 12. <b>\$250.00</b>    |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                         | 13.                    |
| 14. | Charitable contributions and religious donations                                                           | 14. <b>\$150.00</b>    |
| 15. | Insurance.                                                                                                 |                        |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                              |                        |
|     | 15a. Life insurance                                                                                        | 15a. <b>\$35.88</b>    |
|     | 15b. Health insurance                                                                                      | 15b                    |
|     | 15c. Vehicle insurance                                                                                     | 15c. <b>\$327.79</b>   |
|     | 15d. Other insurance. Specify:                                                                             | 15d                    |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:           | 16.                    |
| 17  | Specify:  Installment or lease payments:                                                                   |                        |
| ••• | 17a. Car payments for Vehicle 1 2014 Ford Focus                                                            | 17a. <b>\$187.00</b>   |
|     | 17b. Car payments for Vehicle 2 2017 Harley Davidson Streetglide Motorcy                                   | 17b. <b>\$475.00</b>   |
|     |                                                                                                            | 17c. \$1,274.00        |
|     | 17c. Other. Specify: 2017 Ford F-250         17d. Other. Specify:                                          | 17d. <b>\$1,274.00</b> |
| 18  | Your payments of alimony, maintenance, and support that you did not report as                              | 10                     |
| 10. | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                            | 16.                    |
| 19. | Other payments you make to support others who do not live with you.                                        |                        |
|     | Specify:                                                                                                   | 19.                    |

|     | tor 1<br>tor 2                                                                                                                                                                                        | Bobby Stoker<br>Stephanie Carol Cook Stoker                                                     | Case number (if known | n)         |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------|--|--|--|
| 20. |                                                                                                                                                                                                       | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.     |                       |            |  |  |  |
|     | 20a.                                                                                                                                                                                                  | Mortgages on other property                                                                     | 20a.                  |            |  |  |  |
|     | 20b.                                                                                                                                                                                                  | Real estate taxes                                                                               | 20b.                  |            |  |  |  |
|     | 20c.                                                                                                                                                                                                  | Property, homeowner's, or renter's insurance                                                    | 20c.                  |            |  |  |  |
|     | 20d.                                                                                                                                                                                                  | Maintenance, repair, and upkeep expenses                                                        | 20d.                  |            |  |  |  |
|     | 20e.                                                                                                                                                                                                  | Homeowner's association or condominium dues                                                     | 20e.                  |            |  |  |  |
| 21. | Other                                                                                                                                                                                                 | . Specify: SS Medicare Insurance                                                                | 21.                   | \$135.50   |  |  |  |
| 22. | Calcu                                                                                                                                                                                                 | late your monthly expenses.                                                                     | _                     |            |  |  |  |
|     | 22a.                                                                                                                                                                                                  | Add lines 4 through 21.                                                                         | 22a.                  | \$5,671.17 |  |  |  |
|     | 22b.                                                                                                                                                                                                  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.                | 22b.                  |            |  |  |  |
|     | 22c.                                                                                                                                                                                                  | Add line 22a and 22b. The result is your monthly expenses.                                      | 22c.                  | \$5,671.17 |  |  |  |
| 23. | Calcu                                                                                                                                                                                                 | late your monthly net income.                                                                   | _                     |            |  |  |  |
|     | 23a.                                                                                                                                                                                                  | Copy line 12 (your combined monthly income) from Schedule I.                                    | 23a.                  | \$5,741.82 |  |  |  |
|     | 23b.                                                                                                                                                                                                  | Copy your monthly expenses from line 22c above.                                                 | 23b. <b>-</b>         | \$5,671.17 |  |  |  |
|     | 23c.                                                                                                                                                                                                  | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c.                  | \$70.65    |  |  |  |
| 24. | Do yo                                                                                                                                                                                                 | ou expect an increase or decrease in your expenses within the year after you fil                | e this form?          |            |  |  |  |
|     | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |                                                                                                 |                       |            |  |  |  |
|     | <b>V</b>                                                                                                                                                                                              | No                                                                                              |                       |            |  |  |  |
|     |                                                                                                                                                                                                       | Yes. Explain here: None.                                                                        |                       |            |  |  |  |
|     |                                                                                                                                                                                                       |                                                                                                 |                       |            |  |  |  |
|     |                                                                                                                                                                                                       |                                                                                                 |                       |            |  |  |  |

| Deb | btor 1 Bobby Stoker                                                        |                        |          |
|-----|----------------------------------------------------------------------------|------------------------|----------|
| Deb | Stephanie Carol Cook Stoker                                                | Case number (if known) |          |
|     |                                                                            |                        |          |
| 6b. | . Water, sewer, garbage collection (details):                              |                        |          |
|     | Water & Sewer                                                              |                        | \$40.00  |
|     | Trash Pickup                                                               |                        | \$27.00  |
|     |                                                                            | Total:                 | \$67.00  |
|     |                                                                            |                        |          |
| 6c. | . Telephone, cell phone, Internet, satellite, and cable services (details) | ):                     |          |
|     | Telephone                                                                  | _                      | \$30.00  |
|     | Cell Phone                                                                 |                        | \$100.00 |
|     | Internet                                                                   |                        | \$50.00  |
|     | Cable/Satellite TV                                                         |                        | \$150.00 |
|     |                                                                            | Total:                 | \$330.00 |
|     |                                                                            | L                      | ·        |
| 9.  | Clothing, laundry, and dry cleaning (details):                             |                        |          |
|     | Clothing                                                                   |                        | \$240.00 |
|     | Laundry & Dry Cleaning                                                     |                        | \$20.00  |
|     |                                                                            | Total:                 | \$260.00 |

| Fill in this info   | ormation to ic     | dentify your case:      |                |
|---------------------|--------------------|-------------------------|----------------|
| Debtor 1            | Bobby              |                         | Stoker         |
|                     | First Name         | Middle Name             | Last Name      |
| Debtor 2            | Stephanie          | Carol Cook              | Stoker         |
| (Spouse, if filing) | First Name         | Middle Name             | Last Name      |
| United States Bar   | nkruptcy Court for | the: <b>EASTERN DIS</b> | TRICT OF TEXAS |
|                     |                    |                         |                |
| Case number         |                    |                         |                |

#### Official Form 106Sum

# **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| P  | art 1: Summarize Your Assets                                                                                                                                                                       |                                      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|    |                                                                                                                                                                                                    | Your assets<br>Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B)                                                                                                                                                      |                                      |
|    | 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                             | \$196,050.00                         |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$203,381.38                         |
|    | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$399,431.38                         |
| P  | art 2: Summarize Your Liabilities                                                                                                                                                                  |                                      |
|    |                                                                                                                                                                                                    | Your liabilities<br>Amount you owe   |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$380,238.75                         |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$5,118.00                           |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | ¥ \$81,971.53                        |
|    | Your total liabilities                                                                                                                                                                             | \$467,328.28                         |
| P  | art 3: Summarize Your Income and Expenses                                                                                                                                                          |                                      |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$5,741.82                           |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$5,671.17                           |

|    | btor 1<br>btor 2 | Bobby Stoker<br>Stephanie Carol Cook Stoker                                                                                                                 | Case number (if known)                  |                      |
|----|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|
| P  | art 4:           | Answer These Questions for Administrative and Stati                                                                                                         | istical Records                         |                      |
| 6. | Are yo           | u filing for bankruptcy under Chapters 7, 11, or 13?                                                                                                        |                                         |                      |
|    | □ No ✓ Ye        | <ul> <li>You have nothing to report on this part of the form. Check this box and es</li> </ul>                                                              | nd submit this form to the court with y | our other schedules. |
| 7. | What k           | ind of debt do you have?                                                                                                                                    |                                         |                      |
|    | Ľ                | our debts are primarily consumer debts. Consumer debts are those "imily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for s               |                                         | •                    |
|    |                  | our debts are not primarily consumer debts. You have nothing to reposit form to the court with your other schedules.                                        | ort on this part of the form. Check th  | is box and submit    |
| 8. |                  | he <b>Statement of Your Current Monthly Income:</b> Copy your total currer Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line | •                                       | \$10,043.47          |
| 9. | Copy t           | he following special categories of claims from Part 4, line 6 of Sche                                                                                       | dule E/F:                               |                      |
|    |                  |                                                                                                                                                             | Total claim                             |                      |
|    | From F           | Part 4 on Schedule E/F, copy the following:                                                                                                                 |                                         |                      |
|    | 00 D             | omeetic support obligations (Copy line 6a.)                                                                                                                 | \$0.                                    | .00                  |

| From Part 4 on Schedule E/F, copy the following:                                                                             |            |
|------------------------------------------------------------------------------------------------------------------------------|------------|
| 9a. Domestic support obligations. (Copy line 6a.)                                                                            | \$0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$5,118.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$0.00    |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$5,118.00 |

| Fill in this inf    | ormation to ide        |             |           |  |                     |
|---------------------|------------------------|-------------|-----------|--|---------------------|
| Debtor 1            | Bobby                  |             | Stoker    |  |                     |
|                     | First Name             | Middle Name | Last Name |  |                     |
| Debtor 2            | Stephanie              | Carol Cook  | Stoker    |  |                     |
| (Spouse, if filing) | First Name             | Middle Name | Last Name |  |                     |
| United States Ba    | nkruptcy Court for the |             |           |  |                     |
| Case number         |                        |             |           |  | Check if this is an |
| (if known)          |                        |             |           |  | amended filing      |

# Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                 |                                                                                               |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            | vho is NOT an attorney to help you fill out bankruptcy forms?                                 |
| No No                                                      |                                                                                               |
| Yes. Name of person                                        | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |
|                                                            |                                                                                               |
| Under penalty of perjury, I declare that true and correct. | I have read the summary and schedules filed with this declaration and that they are           |
| ti de and correct.                                         |                                                                                               |
| X /s/ Bobby Stoker                                         | X /s/ Stephanie Carol Cook Stoker                                                             |
| Bobby Stoker, Debtor 1                                     | Stephanie Carol Cook Stoker, Debtor 2                                                         |
| Date <b>06/10/2019</b>                                     | Date <b>06/10/2019</b>                                                                        |
| MM / DD / YYYY                                             | MM / DD / YYYY                                                                                |

|             |                                      |                                         |                                             |                                                           | _                                                                                      |       |
|-------------|--------------------------------------|-----------------------------------------|---------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------|-------|
| F           | ill in this info                     | ormation to ide                         | entify your case:                           |                                                           |                                                                                        |       |
| De          | ebtor 1                              | Bobby                                   |                                             | Stoker                                                    | ]                                                                                      |       |
|             |                                      | First Name                              | Middle Name                                 | Last Name                                                 |                                                                                        |       |
|             | ebtor 2                              | Stephanie                               | Carol Cook                                  | Stoker                                                    |                                                                                        |       |
| (S          | pouse, if filing)                    | First Name                              | Middle Name                                 | Last Name                                                 |                                                                                        |       |
| Ur          | nited States Bar                     | nkruptcy Court for the                  | he: <b>EASTERN DIS</b> T                    | RICT OF TEXAS                                             |                                                                                        |       |
|             | ase number                           |                                         |                                             |                                                           | ☐ Check if this is an                                                                  |       |
| (IŤ         | known)                               |                                         |                                             |                                                           | amended filing                                                                         |       |
| Of          | ficial Form                          | 107                                     |                                             |                                                           |                                                                                        |       |
| Sta         | atement o                            | f Financial <i>A</i>                    | Affairs for Indi                            | viduals Filing for B                                      | ankruptcy                                                                              | 04/19 |
| cori<br>you | rect information                     | n. If more space i<br>se number (if kno | s needed, attach a s<br>wn). Answer every o | eparate sheet to this form. (                             | both are equally responsible for supplying On the top of any additional pages, write   |       |
| 1.          | What is your of Married ☐ Not marrie | current marital sta                     | atus?                                       |                                                           |                                                                                        |       |
| 2.          | ☑ No                                 |                                         | •                                           | her than where you live now ars. Do not include where you |                                                                                        |       |
| 3.          | (Community pr                        |                                         | •                                           | • •                                                       | community property state or territory?<br>ana, Nevada, New Mexico, Puerto Rico, Texas, |       |

□ No ☑ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker |                            | er                                                                                  | Case nu                                              | ımber (if known)                                         |                                                      |
|------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| Part 2: Explain                                            | n the Sources of \         | our Income                                                                          |                                                      |                                                          |                                                      |
| Fill in the total amo                                      | ount of income you rece    | ment or from operating a beived from all jobs and all buincome that you receive tog | ısinesses, including pa                              | rt-time activities.                                      | llendar years?                                       |
| ☐ No<br>☑ Yes. Fill in the                                 | details.                   |                                                                                     |                                                      |                                                          |                                                      |
|                                                            |                            | Debtor 1                                                                            |                                                      | Debtor 2                                                 |                                                      |
|                                                            |                            | Sources of income<br>Check all that apply.                                          | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply.               | Gross income<br>(before deductions<br>and exclusions |
| From January 1 of the<br>the date you filed for b          |                            | ☐ Wages, commissions, bonuses, tips ☐ Operating a business                          |                                                      | Wages, commissions, bonuses, tips ☐ Operating a business | \$43,682.25                                          |
|                                                            |                            |                                                                                     |                                                      |                                                          |                                                      |
| For the last calendar y                                    | ear:                       | Wages, commissions, bonuses, tips                                                   |                                                      | Wages, commissions, bonuses, tips                        | \$91,793.00                                          |
| (January 1 to Decembe                                      | 731, <u><b>2018</b></u> )  | Operating a business                                                                |                                                      | Operating a business                                     |                                                      |
| For the calendar year                                      | before that:               | Wages, commissions,                                                                 |                                                      | ₩ages, commissions,                                      | \$59,519.00                                          |
| (January 1 to Decembe                                      | r 31, <u><b>2017</b></u> ) | bonuses, tips  Operating a business                                                 |                                                      | bonuses, tips  Operating a business                      |                                                      |
|                                                            |                            | Debtor 1                                                                            |                                                      | Debtor 2                                                 |                                                      |
|                                                            |                            | Sources of income<br>Check all that apply.                                          | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply.               | Gross income<br>(before deductions<br>and exclusions |
| From January 1 of the the date you filed for b             | •                          | Wages, commissions, bonuses, tips                                                   |                                                      | Wages, commissions, bonuses, tips                        |                                                      |
| ,                                                          |                            | Operating a business                                                                |                                                      | Operating a business                                     |                                                      |
| For the last calendar y                                    | ear:                       | ☐ Wages, commissions, bonuses, tips                                                 |                                                      | Wages, commissions, bonuses, tips                        |                                                      |
| (January 1 to Decembe                                      | r 31, <u><b>2018</b></u> ) | Operating a business                                                                |                                                      | Operating a business                                     |                                                      |
| For the calendar year                                      |                            | ☐ Wages, commissions, bonuses, tips                                                 |                                                      | ■ Wages, commissions, bonuses, tips                      | \$650.00                                             |
| (January 1 to Decembe                                      | r 31, <u><b>2017</b></u> ) | Operating a business                                                                |                                                      | ✓ Operating a business                                   |                                                      |

|      | otor 1<br>otor 2 | Bobby Stoker<br>Stephanie Carol Cook Stok                                                                                                           | er                                                   | Case nu                                                                  | mber (if known)                                    |                                                                          |
|------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|
| 5.   | Include          | ou receive any other income during the income regardless of whether the bloyment; and other public benefit ambling and lottery winnings. If your 1. | at income is taxable. Exampayments; pensions; rental | ples of other income are income; interest; dividen                       | alimony; child support; Sods; money collected from | lawsuits; royalties;                                                     |
|      |                  | ach source and the gross income for                                                                                                                 | rom each source separately                           | v. Do not include income                                                 | that you listed in line 4.                         |                                                                          |
|      | ☐ No             | o<br>es. Fill in the details.                                                                                                                       |                                                      |                                                                          |                                                    |                                                                          |
|      |                  |                                                                                                                                                     | Debtor 1                                             |                                                                          | Debtor 2                                           |                                                                          |
|      |                  |                                                                                                                                                     | Sources of income<br>Describe below.                 | Gross income<br>from each source<br>(before deductions<br>and exclusions | Sources of income<br>Describe below.               | Gross income<br>from each source<br>(before deductions<br>and exclusions |
|      |                  |                                                                                                                                                     | Rental                                               | \$2,260.00                                                               |                                                    |                                                                          |
|      |                  | ary 1 of the current year until<br>ou filed for bankruptcy:                                                                                         | Social Security                                      | \$10,013.35                                                              |                                                    |                                                                          |
| For  | the las          | t calendar year:                                                                                                                                    | IRA Distribution                                     | \$20,506.00                                                              |                                                    |                                                                          |
| (Jar | nuary 1          | to December 31, 2018 )                                                                                                                              | Rental Social Security                               | \$5,424.00<br>\$23,652.00                                                |                                                    |                                                                          |
| For  | the cal          | endar year before that:                                                                                                                             | Taxable Interest                                     | \$54.00                                                                  |                                                    |                                                                          |
|      |                  | to December 31, <b>2017</b> )                                                                                                                       | IRA Distribution                                     | \$3,076.00                                                               |                                                    |                                                                          |
|      | -                | YYYY                                                                                                                                                | Rental                                               | \$5,424.00                                                               |                                                    |                                                                          |
|      |                  |                                                                                                                                                     | Social Security                                      | \$23,184.00                                                              |                                                    |                                                                          |

| Debtor 1<br>Debtor 2                    |                                                                                                        | Bobby St<br>Stephani | oker<br>e Carol Coo | k Stoker                   |                      |                      | n)                                                                     |                                                             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|---------------------|----------------------------|----------------------|----------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| F                                       | Part 3:                                                                                                | List Ce              | rtain Paym          | nents You Ma               | de Before \          | ∕ou Filed for Ba     | nkruptcy                                                               |                                                             |
| 6.                                      | Are eith                                                                                               | ner Debtor           | 1's or Debtor       | 2's debts prima            | rily consume         | debts?               |                                                                        |                                                             |
|                                         | □ No.                                                                                                  |                      |                     | -                          | -                    | mer debts. Consur    |                                                                        | d in 11 U.S.C. § 101(8) as                                  |
| During the 90 days before you filed for |                                                                                                        |                      |                     |                            | bankruptcy, di       | d you pay any credit | or a total of \$6,825*                                                 | or more?                                                    |
|                                         |                                                                                                        | ☐ No.                | Go to line 7.       |                            |                      |                      |                                                                        |                                                             |
|                                         |                                                                                                        | ☐ Yes.               | total amount        | you paid that cre          | ditor. Do not i      | nclude payments for  | nore in one or more p<br>domestic support ob<br>attorney for this bank | oligations, such as                                         |
|                                         |                                                                                                        | * Subjec             | t to adjustme       | nt on 4/01/22 and          | every 3 years        | after that for cases | filed on or after the d                                                | late of adjustment.                                         |
|                                         | <b>√</b> Yes                                                                                           | . Debtor             | 1 or Debtor 2       | or both have pri           | marily consu         | mer debts.           |                                                                        |                                                             |
|                                         | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |                      |                     |                            |                      |                      |                                                                        |                                                             |
|                                         |                                                                                                        | ☐ No.                | Go to line 7.       |                            |                      |                      |                                                                        |                                                             |
|                                         |                                                                                                        | <b>∀</b> Yes.        | creditor. Do        | not include paym           | ents for dome        |                      | e and the total amou<br>ons, such as child su<br>case.                 |                                                             |
|                                         |                                                                                                        |                      |                     |                            | Dates of payment     | Total amount         | Amount you still owe                                                   | Was this payment for                                        |
| Fo                                      | rd Motor                                                                                               | Credit C             | o, LLC (p)          |                            |                      | \$3,822.00           | \$68,084.00                                                            | Mortgage                                                    |
| Nur                                     | editor's name<br>at'I Bk Sr<br>mber Stre<br>D Box 62                                                   | v Ctr993<br>eet      | 0 Federal D         | r                          | -<br>2/2019-4/2<br>- | 019 Reg. Paymer      | nts of \$1,274/mo                                                      | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors |
| City                                    | olorado S                                                                                              | prings               | CO<br>State         | <b>80921-3664</b> ZIP Code | -                    |                      |                                                                        | Other                                                       |
| O.C.                                    | ,                                                                                                      |                      | otato               | 2 0000                     | Dates of payment     | Total amount paid    | Amount you still owe                                                   | Was this payment for                                        |
| _                                       |                                                                                                        | idson Fin            | ancial              |                            | _                    | \$1,425.00           | \$24,524.59                                                            | _ Mortgage                                                  |
| Creditor's name  Attn: Bankruptcy Dept  |                                                                                                        |                      | 2/2019-4/2          | 019 Reg. Paymer            | its of \$475/mo      |                      |                                                                        |                                                             |
| Nui                                     | mber Stre                                                                                              | eet                  | •                   |                            | -                    |                      |                                                                        | Loan repayment                                              |
| <u> </u>                                | ) Box 22                                                                                               | U48                  |                     |                            | -                    |                      |                                                                        | Suppliers or vendors                                        |
| City                                    | arson Cit                                                                                              | у                    | NV<br>State         | <b>89721</b> ZIP Code      | -                    |                      |                                                                        | Other                                                       |

| Debtor 1<br>Debtor 2 |                     | Bobby Stoker<br>Stephanie Carol Cook Stoker                                                                                                                                                                  | Case number (if known)                          |
|----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 7.                   | Insiders<br>corpora | ebt you owed anyone who was an insider? ners; partnerships of which you are a general partner; % or more of their voting securities; and any managing 101. Include payments for domestic support obligations |                                                 |
|                      | ✓ No<br>☐ Yes       | s. List all payments to an insider.                                                                                                                                                                          |                                                 |
| 8.                   |                     | 1 year before you filed for bankruptcy, did you make any payments or ed an insider?                                                                                                                          | transfer any property on account of a debt that |
|                      | Include             | payments on debts guaranteed or cosigned by an insider.                                                                                                                                                      |                                                 |
|                      | ✓ No<br>☐ Yes       | s. List all payments that benefited an insider.                                                                                                                                                              |                                                 |
| P                    | art 4:              | Identify Legal Actions, Repossessions, and Foreclosur                                                                                                                                                        | es                                              |
| 9.                   | List all            | 1 year before you filed for bankruptcy, were you a party in any lawsuit<br>such matters, including personal injury cases, small claims actions, divorce<br>ations, and contract disputes.                    |                                                 |
|                      | ✓ No                | s. Fill in the details.                                                                                                                                                                                      |                                                 |
| 10.                  | seized,             | 1 year before you filed for bankruptcy, was any of your property repos<br>or levied?<br>all that apply and fill in the details below.                                                                        | sessed, foreclosed, garnished, attached,        |
|                      |                     | Go to line 11. s. Fill in the information below.                                                                                                                                                             |                                                 |
| 11.                  |                     | 90 days before you filed for bankruptcy, did any creditor, including a k<br>ts from your accounts or refuse to make a payment because you owed                                                               | ·                                               |
|                      | ✓ No<br>☐ Yes       | s. Fill in the details.                                                                                                                                                                                      |                                                 |
| 12.                  |                     | 1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?                                                                    | possession of an assignee for the benefit of    |
|                      | ✓ No                | 5                                                                                                                                                                                                            |                                                 |

| Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook Stoker                   | Case number (if kn                                                                                                                                           | Case number (if known) |                        |  |  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|--|--|
| Part 5: List Certain Gifts and Co                                            | ntributions                                                                                                                                                  |                        |                        |  |  |
| 13. Within 2 years before you filed for bankr                                | uptcy, did you give any gifts with a total value of more th                                                                                                  | an \$600 per pers      | son?                   |  |  |
| <ul><li>✓ No</li><li>✓ Yes. Fill in the details for each gift.</li></ul>     |                                                                                                                                                              |                        |                        |  |  |
| 14. Within 2 years before you filed for bankr<br>to any charity?             | uptcy, did you give any gifts or contributions with a total                                                                                                  | value of more th       | nan \$600              |  |  |
| <ul><li>No</li><li>✓ Yes. Fill in the details for each gift or one</li></ul> | ontribution.                                                                                                                                                 |                        |                        |  |  |
| Gifts or contributions to charities<br>that total more than \$600            | Describe what you contributed Husband contributes about \$100                                                                                                | Date you contributed   | Value                  |  |  |
| St. Anthony's Church Charity's Name                                          | month and then special offerings on occasion.                                                                                                                | Various                | \$2,400.00             |  |  |
| Number Street                                                                |                                                                                                                                                              |                        | _                      |  |  |
| Longview TX City State Z                                                     | P Code                                                                                                                                                       |                        |                        |  |  |
| Gifts or contributions to charities<br>that total more than \$600            | Describe what you contributed  Joint Debtor avg about \$50 month                                                                                             | Date you contributed   | Value                  |  |  |
| Pilgrim Rest<br>Charity's Name                                               | and then occasional special offerings.                                                                                                                       | Various                | \$1,200.00             |  |  |
| Number Street                                                                |                                                                                                                                                              |                        | _                      |  |  |
| Dallas TX City State Z                                                       | P Code                                                                                                                                                       |                        |                        |  |  |
| Part 6: List Certain Losses                                                  |                                                                                                                                                              |                        |                        |  |  |
| 15. Within 1 year before you filed for bankru other disaster, or gambling?   | ptcy or since you filed for bankruptcy, did you lose anyt                                                                                                    | hing because of t      | theft, fire,           |  |  |
| <ul><li>No</li><li>✓ Yes. Fill in the details.</li></ul>                     |                                                                                                                                                              |                        |                        |  |  |
| Describe the property you lost and how the loss occurred                     | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |                        | Value of property lost |  |  |
| Roof Damage to homestead caused by hail.                                     | Triple AAA Insurance paid \$14,600.                                                                                                                          | 04/2018                | \$14,600.00            |  |  |
| Describe the property you lost and how the loss occurred                     | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |                        | Value of property lost |  |  |
| Hail damage to Bledso property.                                              | Insurance paid \$6,000 which was paid to roofer                                                                                                              | 04/2018                | \$6,000.00             |  |  |

| Debtor 1 Debtor 2 Bobby Stoker Stephanie Carol Cook Stoker |                                    | Cook Stoker            | Case n                            | Case number (if known)                                                                                        |                                                                             |                   |                   |  |
|------------------------------------------------------------|------------------------------------|------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|-------------------|--|
| Part 7:                                                    | List Ce                            | rtain P                | ayments or 1                      | <b>Fransfers</b>                                                                                              |                                                                             |                   |                   |  |
| anyor                                                      | ne you consu                       | Ited abo               | ut seeking ban                    | ntcy, did you or anyone else acting on your b<br>kruptcy or preparing a bankruptcy petition?                  |                                                                             |                   | •                 |  |
| □ No                                                       |                                    |                        | ruptcy petition pr                | reparers, or credit counseling agencies for serv                                                              | rices required for your                                                     | r bankruptc       | y.                |  |
| Carol Cro                                                  |                                    |                        |                                   | Description and value of any property trans<br>Attorney Fee - \$2,000<br>Filing Fee - \$335                   | operty transferred Date payment Amount o<br>or transfer was payment<br>made |                   |                   |  |
| 1118 Judson Road Number Street                             |                                    |                        |                                   | ······g                                                                                                       | 3/27/19                                                                     | 9-4/22/19         | \$2,335.00        |  |
| <b>Longview</b><br>City                                    | 1                                  | <b>TX</b><br>State     | <b>75601-5117</b> ZIP Code        |                                                                                                               |                                                                             |                   |                   |  |
| Email or web                                               | site address                       |                        |                                   |                                                                                                               |                                                                             |                   |                   |  |
|                                                            | Made the Paym  Group (p)  Was Paid | ent, if Not            | You                               | Description and value of any property trans<br>Credit Counseling Course - \$24                                | -                                                                           | yment<br>sfer was | Amount of payment |  |
| PO Box 5                                                   |                                    |                        |                                   |                                                                                                               | 04/1                                                                        | 1/2019            | \$24.00           |  |
| Hurst<br>City                                              |                                    | TX<br>State            | <b>76054-4006</b> ZIP Code        |                                                                                                               |                                                                             |                   |                   |  |
| Email or web                                               | site address                       |                        |                                   |                                                                                                               |                                                                             |                   |                   |  |
| <b>17. Withir</b> anyor Do no                              | ne who promit include any          | re you fi<br>ised to h | led for bankrup<br>elp you deal w | otcy, did you or anyone else acting on your bith your creditors or to make payments to you listed on line 16. |                                                                             | r any prop        | erty to           |  |

|      | Debtor 1 Bobby Stoker Debtor 2 Stephanie Carol Cook S |                                                           | oker                                                                                 | Case number (if known)                                     |              |  |  |
|------|-------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------|--------------|--|--|
| 18.  |                                                       | •                                                         | pankruptcy, did you sell, trade, or of<br>course of your business or financi         | herwise transfer any property to anyone, ot al affairs?    | her than     |  |  |
|      |                                                       | _                                                         | nsfers made as security (such as gran<br>you have already listed on this stater      | nting of a security interest or mortgage on your nent.     | property).   |  |  |
|      | ✓ No                                                  | s. Fill in the details.                                   |                                                                                      |                                                            |              |  |  |
| 19.  |                                                       | e a beneficiary? (These are                               | bankruptcy, did you transfer any profeer called asset-protection devices             | roperty to a self-settled trust or similar devic           | e of which   |  |  |
|      | _                                                     | s. Fill in the details.                                   |                                                                                      |                                                            |              |  |  |
| P    | art 8:                                                | List Certain Financia                                     | Accounts, Instruments, Safe                                                          | e Deposit Boxes, and Storage Units                         |              |  |  |
| 20.  |                                                       | 1 year before you filed for ba                            |                                                                                      | nts or instruments held in your name, or for               | your         |  |  |
|      |                                                       |                                                           | rket, or other financial accounts; certifications, and other financial institutions. | ficates of deposit; shares in banks, credit union tutions. | s, brokerage |  |  |
|      | ✓ No ☐ Yes. Fill in the details.                      |                                                           |                                                                                      |                                                            |              |  |  |
| 21.  | -                                                     | now have, or did you have verities, cash, or other valuab | -                                                                                    | nkruptcy, any safe deposit box or other depo               | ository      |  |  |
|      | ✓ No                                                  | s. Fill in the details.                                   |                                                                                      |                                                            |              |  |  |
| 22.  | ☑ No                                                  |                                                           | ge unit or place other than your ho                                                  | me within 1 year before you filed for bankru               | otcy?        |  |  |
| Р    | art 9:                                                | Identify Property You                                     | Hold or Control for Someon                                                           | e Else                                                     |              |  |  |
| 23.  | -                                                     | i hold or control any property<br>I in trust for someone. | that someone else owns? Include                                                      | any property you borrowed from, are storing                | g for,       |  |  |
|      | □ No ✓ Ye                                             | s. Fill in the details.                                   |                                                                                      |                                                            |              |  |  |
|      |                                                       |                                                           | Where is the property?                                                               | Describe the property                                      | Value        |  |  |
|      | thony C                                               | coleman                                                   | _                                                                                    | 3 horses - Mr. Coleman cares for his horses which stay in  |              |  |  |
| Num  | Number Street                                         |                                                           | Debtors' home Number Street                                                          | Debtors' pasture. Unknown value.                           |              |  |  |
|      |                                                       |                                                           |                                                                                      |                                                            |              |  |  |
| O#-  |                                                       | Chate 71D Oct                                             | City City 712 C                                                                      | -d-                                                        |              |  |  |
| City |                                                       | State ZIP Code                                            | City State ZIP C                                                                     | oue                                                        |              |  |  |

|      | otor 1<br>otor 2                                                                                                                                                                                     | Bobby Stoker<br>Stephanie Carol Cook Sto                                                   | ker                                                                                                                                                                  | Case number (if known)                                                                                               |  |  |  |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Р    | art 10:                                                                                                                                                                                              | Give Details About En                                                                      | vironmental Information                                                                                                                                              |                                                                                                                      |  |  |  |  |
| or   | the purp                                                                                                                                                                                             | oose of Part 10, the following                                                             | definitions apply:                                                                                                                                                   |                                                                                                                      |  |  |  |  |
| I    | hazardoı                                                                                                                                                                                             | us or toxic substance, wastes                                                              | <del>_</del>                                                                                                                                                         | ncerning pollution, contamination, releases of<br>ace water, groundwater, or other medium,<br>, wastes, or material. |  |  |  |  |
|      | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |                                                                                            |                                                                                                                                                                      |                                                                                                                      |  |  |  |  |
|      | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.              |                                                                                            |                                                                                                                                                                      |                                                                                                                      |  |  |  |  |
| Rep  | ort all n                                                                                                                                                                                            | otices, releases, and proceed                                                              | ngs that you know about, regardless of                                                                                                                               | when they occurred.                                                                                                  |  |  |  |  |
| 24.  | Has an                                                                                                                                                                                               | y governmental unit notified y                                                             | ou that you may be liable or potentially                                                                                                                             | liable under or in violation of an environmental                                                                     |  |  |  |  |
|      | ✓ No                                                                                                                                                                                                 | s. Fill in the details.                                                                    |                                                                                                                                                                      |                                                                                                                      |  |  |  |  |
| 25.  | -                                                                                                                                                                                                    | ou notified any governmental                                                               | unit of any release of hazardous materi                                                                                                                              | al?                                                                                                                  |  |  |  |  |
|      | ✓ No  Yes. Fill in the details.                                                                                                                                                                      |                                                                                            |                                                                                                                                                                      |                                                                                                                      |  |  |  |  |
| 26.  | Have you                                                                                                                                                                                             |                                                                                            | or administrative proceeding under an                                                                                                                                | y environmental law? Include settlements and                                                                         |  |  |  |  |
|      | ✓ No<br>☐ Yes                                                                                                                                                                                        | s. Fill in the details.                                                                    |                                                                                                                                                                      |                                                                                                                      |  |  |  |  |
| P    | art 11:                                                                                                                                                                                              | Give Details About Yo                                                                      | ur Business or Connections to A                                                                                                                                      | Any Business                                                                                                         |  |  |  |  |
| 27.  | Within busine                                                                                                                                                                                        | -                                                                                          | nkruptcy, did you own a business or ha                                                                                                                               | ave any of the following connections to any                                                                          |  |  |  |  |
|      |                                                                                                                                                                                                      | A member of a limited liability A partner in a partnership An officer, director, or managi | lyed in a trade, profession, or other activity company (LLC) or limited liability partners on executive of a corporation voting or equity securities of a corporatio | hip (LLP)                                                                                                            |  |  |  |  |
|      |                                                                                                                                                                                                      | None of the above applies. G                                                               | o to Part 12.<br>nd fill in the details below for each busines                                                                                                       | s.                                                                                                                   |  |  |  |  |
| dba  | a Cook I                                                                                                                                                                                             | Mobile Notary Service                                                                      | Describe the nature of the business Occasional mobile notary                                                                                                         | Employer Identification number Do not include Social Security number or ITIN.                                        |  |  |  |  |
| Busi | ness Nam                                                                                                                                                                                             | e                                                                                          |                                                                                                                                                                      | EIN:                                                                                                                 |  |  |  |  |
| Num  | nber Str                                                                                                                                                                                             | eet                                                                                        | Name of accountant or bookkeeper                                                                                                                                     | Dates business existed                                                                                               |  |  |  |  |
|      |                                                                                                                                                                                                      | _                                                                                          |                                                                                                                                                                      | From 01/01/2017 To 12/31/2017                                                                                        |  |  |  |  |
|      |                                                                                                                                                                                                      |                                                                                            |                                                                                                                                                                      | 10 120112011                                                                                                         |  |  |  |  |

State ZIP Code

City

| Debtor 1<br>Debtor 2                                                                                           |                              | Bobby Stoker<br>Stephanie Carol Cook St | oker                                                                     | ase number (if known)                                                     |                                                                                                   |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|--|
| 28. Within 2 years before you filed for bankruptcy, did all financial institutions, creditors, or other partie |                              |                                         |                                                                          | did you give a financial statement to anyone about your business? Include |                                                                                                   |  |  |  |  |
|                                                                                                                | ☑ No<br>□ Yes                | s. Fill in the details below.           |                                                                          |                                                                           |                                                                                                   |  |  |  |  |
| Pa                                                                                                             | rt 12:                       | Sign Below                              |                                                                          |                                                                           |                                                                                                   |  |  |  |  |
| that a<br>prope<br>or bo                                                                                       | answer<br>erty by<br>oth. 18 | s are true and correct. I und           | lerstand that making a<br>pankruptcy case can re<br>and 3571.<br>X /s/ S | a false statement, conce                                                  |                                                                                                   |  |  |  |  |
|                                                                                                                | ate                          | 06/10/2019                              | Date                                                                     |                                                                           | Deniol 2                                                                                          |  |  |  |  |
| -<br>✓ ☑<br>□                                                                                                  | lo<br>′es                    | ach additional pages to Your            |                                                                          |                                                                           | Filing for Bankruptcy (Official Form 107)? ruptcy forms?                                          |  |  |  |  |
| <u> </u>                                                                                                       |                              | ,                                       |                                                                          |                                                                           |                                                                                                   |  |  |  |  |
| □Y                                                                                                             | es. Na                       | ame of person                           |                                                                          |                                                                           | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |

| Fill in this information to identify your case: |                                                                   |             |           |  |  |  |  |
|-------------------------------------------------|-------------------------------------------------------------------|-------------|-----------|--|--|--|--|
| Debtor 1                                        | Bobby                                                             |             | Stoker    |  |  |  |  |
|                                                 | First Name                                                        | Middle Name | Last Name |  |  |  |  |
| Debtor 2                                        | Stephanie                                                         | Carol Cook  | Stoker    |  |  |  |  |
| (Spouse, if filing)                             | First Name                                                        | Middle Name | Last Name |  |  |  |  |
| United States Ba                                | United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS |             |           |  |  |  |  |
| Case number                                     |                                                                   |             |           |  |  |  |  |
| (if known)                                      |                                                                   |             |           |  |  |  |  |

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.
 Identify the creditor and the property that is collateral
 What do you intend to do with the
 Did you claim the property

| Identify the creditor and the property that is collateral |                                  |                         | at do you intend to do with the operty that secures a debt?                                            | as exempt on Schedule C? |           |
|-----------------------------------------------------------|----------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------|--------------------------|-----------|
| Creditor's name:                                          | Ford Motor Credit Co, LLC (p)    |                         | Surrender the property. Retain the property and redeem it.                                             |                          | No<br>Yes |
| Description of property securing debt:                    | 2017 Ford F-250                  |                         | Retain the property and enter into a<br>Reaffirmation Agreement.<br>Retain the property and [explain]: |                          |           |
| Creditor's name:                                          | Harley Davidson Financial        |                         | Surrender the property. Retain the property and redeem it.                                             |                          | No<br>Yes |
| Description of                                            | 2017 Harley Davidson Streetglide | $\overline{\mathbf{A}}$ | Retain the property and enter into a Reaffirmation Agreement.                                          |                          |           |
| property<br>securing debt:                                | Motorcycle                       |                         | Retain the property and [explain]:                                                                     |                          |           |
| Creditor's                                                | Harrison County Tax Collector    |                         | Surrender the property.                                                                                |                          | No        |
| name:                                                     |                                  |                         | Retain the property and redeem it.                                                                     |                          | Yes       |
| Description of                                            | Lot                              | Ш                       | Retain the property and enter into a<br>Reaffirmation Agreement.                                       |                          |           |
| property securing debt:                                   |                                  |                         | Retain the property and [explain]:                                                                     |                          |           |

| Debtor 1<br>Debtor 2    |                                           | y Stoker<br>anie Carol Cook Stoker                                                |                |       | Case number (if known)                                                                                                  |                         |                                              |
|-------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|----------------|-------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------|
| ldent                   | ify the cre                               | editor and the property that is collate                                           | eral           |       | at do you intend to do with the perty that secures a debt?                                                              |                         | you claim the property exempt on Schedule C? |
| Credi<br>name           |                                           | RMS                                                                               |                |       | Surrender the property. Retain the property and redeem it.                                                              |                         | No<br>Yes                                    |
| Description of          | •                                         | Homestead: 908 Garden Drive                                                       |                |       | Retain the property and enter into a Reaffirmation Agreement.                                                           |                         |                                              |
| prope                   | ring debt:                                |                                                                                   |                |       | Retain the property and [explain]:                                                                                      |                         |                                              |
| Credi                   |                                           | Wells Fargo Dealer Services                                                       |                |       | Surrender the property.                                                                                                 |                         | No<br>Yes                                    |
|                         | ription of                                | 2014 Ford Focus                                                                   |                |       | Retain the property and redeem it.  Retain the property and enter into a                                                | $\overline{\mathbf{A}}$ | Yes                                          |
| property securing debt: |                                           |                                                                                   |                | П     | Reaffirmation Agreement.  Retain the property and [explain]:                                                            |                         |                                              |
| fill in the i           | informatio                                | on below. Do not list real estate leas                                            | ses. Unexp     | ired  | e G: Executory Contracts and Unexpi<br>leases are leases that are still in effe<br>the trustee does not assume it. 11 U | ct; th                  | e lease period has not                       |
| Desc                    | ribe your                                 | unexpired personal property leases                                                | S              |       |                                                                                                                         | Will t                  | his lease be assumed?                        |
| None                    | e.                                        |                                                                                   |                |       |                                                                                                                         |                         |                                              |
| Part 3:                 | Sigr                                      | n Below                                                                           |                |       |                                                                                                                         |                         |                                              |
|                         |                                           | f perjury, I declare that I have indica<br>ty that is subject to an unexpired lea |                | entio | n about any property of my estate th                                                                                    | at sec                  | cures a debt and                             |
| X /s/ Bo                | bby Stok                                  | xer X                                                                             |                |       | e Carol Cook Stoker                                                                                                     |                         |                                              |
| ,                       | Stoker, De                                |                                                                                   | ·              |       | rol Cook Stoker, Debtor 2                                                                                               |                         |                                              |
| -                       | <b>06/10/20</b> <sup>.</sup><br>MM / DD / |                                                                                   | Date <u>06</u> |       | <b>2019</b><br>D / YYYY                                                                                                 |                         |                                              |

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS TYLER DIVISION

IN RE: Bobby Stoker CASE NO

Stephanie Carol Cook Stoker

CHAPTER 7

Stephanie Carol Cook Stoker

# **VERIFICATION OF CREDITOR MATRIX**

|      | •         | e attached | ist of creditors is true and correct to the best of his/her |
|------|-----------|------------|-------------------------------------------------------------|
| know | ledge.    |            |                                                             |
|      |           |            |                                                             |
|      |           |            |                                                             |
| Date | 6/10/2019 | Signature  | /s/ Bobby Stoker                                            |
|      |           |            | Bobby Stoker                                                |
|      |           |            |                                                             |
| Date | 6/10/2019 | Signature  | /s/ Stephanie Carol Cook Stoker                             |

American Express(p)
PO Box 981535
El Paso, TX 79998-1535

Attorney General of the United States(p) 950 Pennsylvania Ave, NW Washington DC 20530-0001

Bank of America 100 North Tryon St. Charlotte, NC 28202

Bank of America (p) PO Box 982238 El Paso, TX 79998-2238

Barclays Bank Delaware Attn: Correspondence PO Box 8801 Wilmington, DE 19899

BBVA Compass Attn: Bankruptcy PO Box 10566 Birmingham, AL 35296

Capital Management Services, LP 698 1/2 South Ogden St Buffalo, NY 14206-2317

Capital One (p)
Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Care Credit - Synchrony Bank(p)
PO Box 960061
Orlando, FL 32896-0061

CenterPoint Energy PO Box 2628 Houston, TX 77252-2628

Citibank - Goodyear Citibank Corp/Centralized Bankruptcy PO Box 790034 Saint Louis, MO 63179

Citicards (p)
General Correspondence
Citibank Customer Service
PO Box 6500
Sioux Falls, SD 57117

Comenity Capital Bank(p) - Alon Bankruptcy Dept PO Box 183043 Columbus, OH 43218-3043

Dallas County Tax Collector 1201 Elm St., Ste 2600 Dallas TX 75270

Dillard's/Wells Fargo Bank PO Box 51193 Los Angeles, CA 90051

Discover Financial Services LLC (p) PO Box 3025 New Albany, OH 43054-3025

First National Bank of Omaha 1620 Dodge Street Stop Code 3105 Omaha, NE 68197

Ford Motor Credit Co, LLC (p)
Nat'l Bk Srv Ctr--9930 Federal Dr
PO Box 62180
Colorado Springs, CO 80921-3664

Gregg County Tax Collector 101 E. Methvin, Ste 215 Longview, TX 75601-7235

Harley Davidson Financial Attn: Bankruptcy Dept PO Box 22048 Carson City, NV 89721

Harrison County Tax Collector PO Box 967 Marshall, TX 75671

Home Depot (p) Corporate Office 2455 Paces Ferry Road Atlanta, GA 30339

Internal Revenue Service Special Procedures Branch 1100 Commerce MC 5020 DAL Dallas, TX 75242

Internal Revenue Service (p) PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service (p) PO Box 7346 Philadelphia PA 19101-7346

OneMain Financial(p) PO Box 6042 Sioux Falls, SD 57117-6042

RMS 5010 Linbar Drive Suite 100 Nashville, TN 37211 Sam's Club/Synchrony Bank (p) Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5060

Target Bankruptcy Dept (p) PO Box 9475 Minneapolis, MN 55440

Texas Att Gen Child Support Div(p)
Child Support Division Dallas Region IV
Bankruptcy Reporting Contact
OAG/CSD/Mail Code 38
Austin, TX 78711-2017

United States Attorney's Office Internal Revenue Service 110 North College Avenue Suite 700 Tyler, TX 75702-0204

US Bank (p) PO Box 5229 Cincinnati, OH 45201-5229

US Bank (p) - Academy PO Box 5229 Cincinnati, OH 45201-5229

USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX 78288-0570

Walmart - Synchrony Bank (p) Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5060

Wells Fargo Dealer Services Attn: Correspondence MAC T9017-026 PO Box 168048 Irving, TX 75016-8048

| Fill in this i                          | nformation to id                                              | dentify your case:                                                       |                                |                                                                | box only as directed in this                                                                                       |
|-----------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Debtor 1                                | Bobby                                                         |                                                                          | Stoker                         | .   -                                                          | in Form 122A-1Supp:                                                                                                |
|                                         | First Name                                                    | Middle Name                                                              | Last Name                      | 1. There is                                                    | no presumption of abuse.                                                                                           |
| Debtor 2<br>(Spouse, if filing          | ng) Stephanie<br>First Name                                   | Carol Cook<br>Middle Name                                                | Stoker<br>Last Name            | of abuse                                                       | ulation to determine if a presumption applies will be made under Chapter 7 est Calculation (Official Form 122A-2). |
| United States                           | Bankruptcy Court for                                          | the: <b>EASTERN DIS</b>                                                  | TRICT OF TEXAS                 | 11                                                             | ns Test does not apply now because                                                                                 |
| Case number (if known)                  |                                                               |                                                                          |                                |                                                                | ed military service but it could apply                                                                             |
|                                         |                                                               |                                                                          |                                | Check if the                                                   | his is an amended filing                                                                                           |
| Official For                            | m 122A-1                                                      |                                                                          |                                |                                                                |                                                                                                                    |
| Chapter 7                               | Statement of                                                  | Your Current                                                             | Monthly Income                 |                                                                | 12/15                                                                                                              |
| 122A-1Supp) w                           | ith this form.                                                | Statement of Exempti<br>Current Monthly In                               | ion from Presumption of Abi    | use Under § 707(l                                              | ە)(2) (Official Form                                                                                               |
|                                         |                                                               | status? Check one o                                                      |                                |                                                                |                                                                                                                    |
| ☐ Not m                                 | narried. Fill out Colu                                        | mn A, lines 2-11.                                                        |                                |                                                                |                                                                                                                    |
| —<br>✓ Marri                            | ed and your spouse                                            | is filing with you. Fil                                                  | I out both Columns A and B, li | nes 2-11.                                                      |                                                                                                                    |
| —                                       | ed and your spouse                                            | is NOT filing with yo                                                    | u. You and your spouse are     | :                                                              |                                                                                                                    |
|                                         | iving in the same h                                           | ousehold and are not                                                     | legally separated. Fill out bo | oth Columns A and                                              | B, lines 2-11.                                                                                                     |
|                                         | leclare under penalty                                         | of perjury that you and                                                  | d your spouse are legally sepa | rated under nonba                                              | lumn B. By checking this box, you ankruptcy law that applies or that you uirements. 11 U.S.C. § 707(b)(7)(B).      |
| bankruptc<br>August 31.<br>in the resul | y case. 11 U.S.C. § If the amount of you t. Do not include an | 3 101(10A). For examp<br>ur monthly income varie<br>y income amount more | ed during the 6 months, add th | per 15, the 6-mont<br>be income for all 6<br>oth spouses own t | th period would be March 1 through<br>months and divide the total by 6. Fill<br>he same rental property, put the   |
|                                         |                                                               |                                                                          |                                | Column A                                                       | Column B                                                                                                           |
|                                         |                                                               |                                                                          |                                | Debtor 1                                                       | Debtor 2 or non-filing spouse                                                                                      |
| _                                       | s wages, salary, tip.<br>payroll deductions).                 | s, bonuses, overtime,                                                    | and commissions                | \$0.00                                                         | \$8,993.26                                                                                                         |
| 3. Alimony a                            | nd maintenance pay                                            | yments. Do not includ                                                    | e payments from a spouse       | \$0.00                                                         | \$661.00                                                                                                           |

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

if Column B is filled in.

\$0.00

\$0.00

Debtor 1 **Bobby Stoker** Debtor 2 **Stephanie Carol Cook Stoker** Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse Net income from operating a business, profession, or farm Debtor 1 Debtor 2 \$0.00 \$0.00 Gross receipts (before all deductions) Ordinary and necessary operating -\$0.00 \$0.00 expenses Copy \$0.00 here -> \$0.00 \$0.00 \$0.00 Net monthly income from a business, profession, or farm Net income from rental and other real property Debtor 1 Debtor 2 \$452.00 \$0.00 Gross receipts (before all deductions) \$62.79 \$0.00 Ordinary and necessary operating expenses Copy \$0.00 here → \$389.21 \$389.21 \$0.00 Net monthly income from rental or other real property Interest, dividends, and royalties \$0.00 \$0.00 **Unemployment compensation** \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ...... \$0.00 For you..... \$0.00 For your spouse.....\_ Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. \$10,043.47 \$389.21 \$9,654.26 Then add the total for Column A to the total for Column B. Total current monthly income

|     |            |       | obby Stoker<br>tephanie Carol Cook Stoker                                           |                                  | Case number (if known)                            |        |
|-----|------------|-------|-------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------|--------|
| Ρ   | art 2:     | ا     | Determine Whether the Means T                                                       | est Applies to You               |                                                   |        |
| 12. | Calcu      | late  | your current monthly income for the ye                                              | ear. Follow these steps:         |                                                   |        |
|     | 12a.       | Cop   | by your total current monthly income from                                           | line 11                          | Copy line 11 here - 12a. \$10,                    | 043.47 |
|     |            | Mul   | tiply by 12 (the number of months in a yea                                          | ar).                             | x                                                 | 12     |
|     | 12b.       | The   | result is your annual income for this part                                          | of the form.                     | 12b. <b>\$120</b> ,                               | 521.64 |
| 13. | Calcu      | late  | the median family income that applies                                               | to you. Follow these steps:      |                                                   |        |
|     | Fill in    | the s | state in which you live.                                                            | Texas                            |                                                   |        |
|     | Fill in    | the r | number of people in your household.                                                 | 4                                |                                                   |        |
|     | Fill in    | the r | nedian family income for your state and s                                           | ize of household                 |                                                   | 960.00 |
|     |            |       | st of applicable median income amounts, s for this form. This list may also be avai |                                  | •                                                 |        |
| 14. | How        | do th | ne lines compare?                                                                   |                                  |                                                   |        |
|     | 14a.       |       | Line 12b is less than or equal to line 13.<br>Go to Part 3.                         | On the top of page 1, check b    | ox 1, There is no presumption of abuse.           |        |
|     | 14b.       |       | Line 12b is more than line 13. On the to<br>Go to Part 3 and fill out Form 122A-2.  | op of page 1, check box 2, The   | presumption of abuse is determined by Form 122A   | A-2.   |
| P   | art 3:     |       | Sign Below                                                                          |                                  |                                                   |        |
|     |            |       | o.g                                                                                 |                                  |                                                   |        |
|     | By s       | ignir | ng here, I declare under penalty of perjury                                         | that the information on this sta | tement and in any attachments is true and correct |        |
|     | <b>X</b> / | s/ B  | obby Stoker                                                                         | χ /s/ S                          | tephanie Carol Cook Stoker                        |        |
|     | Ē          | Bobb  | y Stoker, Debtor 1                                                                  | Steph                            | nanie Carol Cook Stoker, Debtor 2                 |        |
|     |            | Date_ | 6/10/2019<br>MM / DD / YYYY                                                         | Date                             | 6/10/2019<br>MM / DD / YYYY                       |        |
|     | If yo      | u ch  | ecked line 14a, do NOT fill out or file Forr                                        | n 122A-2.                        | וווויו / טט / זזזז                                |        |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| E:11 :                           | this inf      |                                          | landiferration access                                                     |                         | C                                                  | book the appropri                                                                            | ate box as directed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|---------------|------------------------------------------|---------------------------------------------------------------------------|-------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIII IN                          | tnis int      | ormation to it                           | dentify your case:                                                        |                         |                                                    | n lines 40 or 42:                                                                            | ate box as unected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Debtor                           | 1             | Bobby<br>First Name                      | Middle Novee                                                              | Stoker                  |                                                    |                                                                                              | and the state of t |
|                                  |               | First Name                               | Middle Name                                                               | Last Name               |                                                    | .ccording to the calculati                                                                   | on required by this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Debtor:                          |               | Stephanie<br>First Name                  | Carol Cook Middle Name                                                    | Stoker<br>Last Name     |                                                    | actornom.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Spousi                          | e, ii iiiiig) | riistivaille                             | Middle Name                                                               | Last Name               | [                                                  | 1. There is no presum                                                                        | nption of abuse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| United                           | States Bai    | nkruptcy Court for                       | the: <b>EASTERN DIST</b>                                                  | RICT OF TEXAS           | <sub>[v</sub>                                      | 2 2. There is a presump                                                                      | otion of abuse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Case no                          |               |                                          |                                                                           |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (II KIIOW                        |               |                                          |                                                                           |                         | □                                                  | Check if this is an ame                                                                      | ended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Officia                          | l Form        | 122A-2                                   |                                                                           |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chapt                            | er 7 M        | eans Test (                              | Calculation                                                               |                         |                                                    |                                                                                              | 04/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 122A-1).<br>Be as co<br>accurate | mplete ar     | nd accurate as po<br>space is needed     | ossible. If two married                                                   | d people are filing t   | ogether, both a<br>clude the line n                | urrent Monthly Income<br>are equally responsible<br>number to which the ad<br>er (if known). | e for being                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Part 1                           | Det           | termine Your                             | Adjusted Income                                                           |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Сор                           | y your to     | tal current month                        | nly income                                                                | Copy line 11 fro        | m Official Form                                    | n 122A-1 here .→                                                                             | 1. <b>\$10,043.47</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2. Did                           | you fill ou   | ut Column B in P                         | art 1 of Form 122A-1?                                                     |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  | No. Fill i    | n \$0 for the total o                    | on line 3.                                                                |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| $\overline{\mathbf{V}}$          | Yes. Is y     | our spouse filing                        | with you?                                                                 |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  | ☐ No.         | Go to line 3.                            |                                                                           |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  | ✓ Yes         | . Fill in \$0 for the                    | total on line 3.                                                          |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                                | -             | -                                        | ncome by subtracting<br>ou or your dependents                             |                         |                                                    | e not used to pay for                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  |               |                                          | 22A-1, was any amoun<br>you or your dependents                            |                         | reported for you                                   | r spouse NOT regularly                                                                       | used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                  | No. Fill i    | n \$0 for the total of                   | on line 3.                                                                |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  | Yes. Fill     | in the information                       | below:                                                                    |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                  | For exam      | nple, the income is<br>support people of | rhich the income was<br>s used to pay your spou<br>other than you or your | ise's tax are su        | the amount you<br>btracting from<br>spouse's incom |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                                |               |                                          |                                                                           |                         |                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -<br>1                           | Γotal         |                                          |                                                                           | +                       | \$0.00                                             | Copy.total.here                                                                              | <b>→</b> \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. Adiı                          | ist vour o    | urrent monthly i                         | ncome. Subtract the to                                                    | utal on line 3 from lin | e 1.                                               |                                                                                              | \$10,043.47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Debtor 1 Bobby Stoker

Debtor 2 Stephanie Carol Cook Stoker Case number (if known)

## Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1.786.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

## People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$55.00

7b. Number of people who are under 65 X \_\_\_\_\_\_3

7c. Subtotal. Multiply line 7a by line 7b. \$165.00 Copy here \$165.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$114.00

7e. Number of people who are 65 or older X \_\_\_\_\_1

7f. **Subtotal.** Multiply line 7d by line 7e. **\$114.00 Copy here + \$114.00** 

Copy total

\$279.00

| Debtor 1 Bobby St<br>Debtor 2 Stephanic |              |                             | ker<br>Carol Cook Stoker                                                                      | (                                  | Case number (if known)              |            |
|-----------------------------------------|--------------|-----------------------------|-----------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------|
| Loc                                     | al Sta       | andards                     | You must use the IRS Local Sta                                                                | ndards to answer the question      | ns in lines 8-15.                   |            |
|                                         |              |                             | from the IRS, the U.S. Trustee Pr<br>es into two parts:                                       | ogram has divided the IRS L        | Local Standard for housing          |            |
|                                         |              | _                           | s Insurance and operating exp                                                                 | enses                              |                                     |            |
| To a                                    | answ         | er the questio              | ns in lines 8-9, use the U.S. Trus                                                            | tee Program chart.                 |                                     |            |
|                                         |              | -                           | ine using the link specified in the s<br>tcy clerk's office.                                  | eparate instructions for this fo   | orm. This chart may also be         |            |
| 8.                                      |              |                             | ies Insurance and operating expount listed for your county for insura                         |                                    |                                     | \$643.00   |
| 9.                                      | Hou          | sing and utilit             | ies Mortgage or rent expenses                                                                 | :                                  |                                     |            |
|                                         | 9a.          | -                           | nber of people you entered in line 5<br>y for mortgage or rent expenses.                      | , fill in the dollar amount listed | d \$1,141.00                        |            |
|                                         | 9b.          | Total average your home.    | monthly payment for all mortgages                                                             | s and other debts secured by       |                                     |            |
|                                         |              | contractually of            | ne total average monthly payment,<br>due to each secured creditor in the<br>hen divide by 60. |                                    |                                     |            |
|                                         |              | Name of the                 | ecreditor                                                                                     | Average monthly payment            |                                     |            |
|                                         |              |                             |                                                                                               |                                    |                                     |            |
|                                         |              |                             |                                                                                               | ·                                  |                                     |            |
|                                         |              |                             |                                                                                               | +                                  |                                     |            |
|                                         |              |                             | Total average monthly payment                                                                 | \$0.00 Copy                        | Repeat this amount on line 33a.     | ;          |
|                                         | 9c.          | Net mortgage                | or rent expense.                                                                              |                                    |                                     |            |
|                                         |              |                             | 9b (total average monthly payment) . If this amount is less than \$0, en                      | ,                                  | \$1,141.00 Copy here                | \$1,141.00 |
| 10.                                     |              | ou claim that th            | ne U.S. Trustee Program's divisio                                                             | on of the IRS Local Standard       |                                     |            |
|                                         |              |                             | Iculation of your monthly expens                                                              | es, fiii in any additional am      | ount you claim.                     |            |
|                                         | Expl<br>why: |                             |                                                                                               |                                    |                                     | -<br>-     |
| 11.                                     | Loca         | al transportati             | on expenses: Check the number                                                                 | of vehicles for which you clair    | m an ownership or operating expense |            |
|                                         |              | 0. Go to line               |                                                                                               |                                    |                                     |            |
|                                         |              | 1. Go to line 2 or more. Go |                                                                                               |                                    |                                     |            |
| 12.                                     |              | icle operation              | expense: Using the IRS Local States, fill in the Operating Costs that an                      |                                    |                                     | \$420.00   |

Debtor 1 Bobby Stoker

Debtor 2 Stephanie Carol Cook Stoker Case number (if known)

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

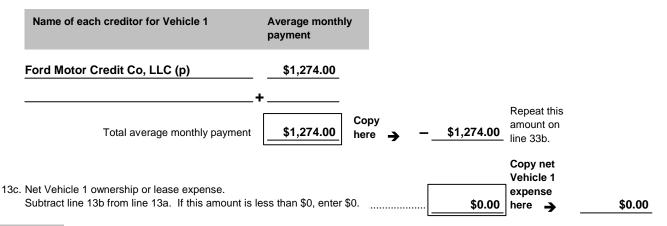
Vehicle 1

Describe Vehicle 1: 2017 Ford F-250

- 13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.



Vehicle 2

Describe Vehicle 2: 2017 Harley Davidson Streetglide Motorcycle

- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2                | Average monthly payment | y              |          |                                |
|----------------------------------------------------|-------------------------|----------------|----------|--------------------------------|
| Harley Davidson Financial                          | \$506.12                |                |          |                                |
| Total average monthly payment                      | \$506.12                | Copy<br>here - | \$506.12 | Repeat the amount of line 33c. |
| et Vehicle 2 ownership or lease expense.           |                         |                |          | Copy net                       |
| Subtract line 13e from 13d. If this amount is less | than \$0, enter \$0.    |                | \$1.88   | expense<br>here                |

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

\$1.88

13f.

| Debto<br>Debto |                  | Bobby Stoker<br>Stephanie Carol Co                | ook Stoker                                                                                 | Case number (if known)                                                                                                                                              |              |
|----------------|------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 15.            | also d           | deduct a public transpor                          |                                                                                            | vehicles in line 11 and if you claim that you may believe is the appropriate expense, but you may                                                                   | \$0.00       |
| Oth            | er Nec           | essary Expenses                                   | In addition to the expense deductions list following IRS categories.                       | sted above, you are allowed your monthly expenses                                                                                                                   | for the      |
| 16.            | self-e<br>your p | mployment taxes, socia<br>bay for these taxes. Ho | al security taxes, and Medicare taxes. Yo                                                  | I, state and local taxes, such as income taxes, or may include the monthly amount withheld from and, you must divide the expected refund by 12 dd to pay for taxes. | \$988.89     |
|                | Do no            | ot include real estate, sa                        | ales, or use taxes.                                                                        |                                                                                                                                                                     |              |
| 17.            |                  | untary deductions: The dues, and uniform cost     |                                                                                            | our job requires, such as retirement contributions,                                                                                                                 | \$0.00       |
|                | Do no            | ot include amounts that                           | are not required by your job, such as volu                                                 | untary 401(k) contributions or payroll savings.                                                                                                                     |              |
| 18.            | filing           | together, include payme                           | ents that you make for your spouse's term                                                  | In term life insurance. If two married people are in life insurance. Do not include premiums for life or for any form of life insurance other than                  | \$111.88     |
| 19.            |                  | t-ordered payments: 7<br>cy, such as spousal or c |                                                                                            | required by the order of a court or administrative                                                                                                                  | \$0.00       |
|                | Do no            | ot include payments on p                          | past due obligations for spousal or child s                                                | support. You will list these obligations in line 35.                                                                                                                |              |
| 20.            | as               | a condition for your job                          |                                                                                            | ·                                                                                                                                                                   | \$0.00       |
| 04             |                  |                                                   |                                                                                            | blic education is available for similar services.                                                                                                                   | <b>£0.00</b> |
| 21.            |                  |                                                   | y amount that you pay for childcare, such any elementary or secondary school edu           | as babysitting, daycare, nursery, and preschool. cation.                                                                                                            | \$0.00       |
| 22.            | is req<br>health | uired for the health and navings account. Inclu   |                                                                                            |                                                                                                                                                                     | \$0.00       |
| 23.            | for yo           | u and your dependents,                            | , such as pagers, call waiting, caller ident<br>necessary for your health and welfare or t | ount that you pay for telecommunication services ification, special long distance, or business cell that of your dependents or for the production                   | + \$0.00     |
|                |                  |                                                   | basic home telephone, internet and cell ported on line 5 of Official Form 122A-1, o        | phone service. Do not include self-employment rany amount you previously deducted.                                                                                  |              |
| 24.            |                  | all of the expenses allo                          | owed under the IRS expense allowance                                                       | es.                                                                                                                                                                 | \$5,371.65   |

| Debtor 2 |                 | Stephanie Carol Cook                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Case number (if known) |                    |                      |                                                               |    |          |
|----------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|----------------------|---------------------------------------------------------------|----|----------|
| Add      | litiona         | I Expense Deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                    | allowed by the Mea   |                                                               |    |          |
| 25.      | insura          | th insurance, disability insurance, disability insurance, arse, or your dependents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                    |                      | e monthly expenses for health<br>sary for yourself, your      |    |          |
|          | Healt           | h insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | \$244.40           |                      |                                                               |    |          |
|          | Disab           | oility insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | \$15.49            |                      |                                                               |    |          |
|          | Healt           | h savings account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | +                      | \$0.00             |                      |                                                               |    |          |
|          | Total           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$259.89           | Copy total here      | <b>→</b>                                                      |    | \$259.89 |
|          | Do yo           | ou actually spend this total a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mount?                 |                    |                      |                                                               |    |          |
|          | _ ı             | No. How much do you actua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ally spend?            |                    |                      |                                                               |    |          |
|          | <b>Ø</b>        | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                    |                      |                                                               |    |          |
| 26.      |                 | inuing contributions to the ontinue to pay for the reason                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | •                  |                      |                                                               | _  | \$0.00   |
|          | memb            | per of your household or me<br>nses may include contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber of your imme      | ediate family who  | is unable to pay fo  | or such expenses. These                                       |    |          |
| 27.      |                 | ection against family violer<br>y of you and your family und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |                      | at you incur to maintain the rother federal laws that apply.  | _  | \$0.00   |
|          | By lav          | w, the court must keep the n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ature of these exp     | enses confident    | ial.                 |                                                               |    |          |
| 28.      | Addit<br>on lin | tional home energy costs.<br>e 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Your home energy       | / costs are includ | ded in your insurand | ce and operating expenses                                     | _  |          |
|          | -               | believe that you have home, then fill in the excess amou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                    | he home energy co    | sts included in expenses on                                   |    |          |
|          |                 | nust give your case trustee on the contract of |                        | your actual expe   | nses, and you mus    | t show that the additional                                    |    |          |
| 29.      | \$170.          | ation expenses for depend<br>.83* per child) that you pay for elementary or secondary s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or your dependent      |                    |                      | y expenses (not more than<br>rears old to attend a private or | _  | \$0.00   |
|          |                 | nust give your case trustee of ed is reasonable and necess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                    | •                    | t explain why the amount                                      |    |          |
|          | * Sub           | ject to adjustment on 4/01/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2, and every 3 yea     | ars after that for | cases begun on or    | after the date of adjustment.                                 |    |          |
| 30.      | highe           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nd clothing allowan    | ices in the IRS N  | lational Standards.  | od and clothing expenses are<br>That amount cannot be more    |    |          |
|          |                 | nd a chart showing the maxir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | -                  |                      | •                                                             |    |          |
|          | You n           | nust show that the additiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I amount claimed i     | is reasonable an   | d necessary.         |                                                               |    |          |
| 31.      |                 | inuing charitable contribut<br>ments to a religious or chari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                    |                      | in the form of cash or financial                              | +_ | \$150.00 |

Debtor 1

**Bobby Stoker** 

| Debto<br>Debto |          | Bobby Stoker<br>Stephanie Carol C               | Cook Stoker    |                                                                        |                   |                              | Case n     | umber (if known)         |                 |            |
|----------------|----------|-------------------------------------------------|----------------|------------------------------------------------------------------------|-------------------|------------------------------|------------|--------------------------|-----------------|------------|
| 32.            |          | all of the additional ex<br>nes 25 though 31.   | xpense dedu    | ctions.                                                                |                   |                              |            |                          |                 | \$409.89   |
| Ded            | uction   | s for Debt Payment                              |                |                                                                        |                   |                              |            |                          |                 |            |
| 33.            |          | ebts that are secured<br>, and other secured (  | -              |                                                                        | -                 | ncluding                     | g home i   | mortgages, vehi          | cle             |            |
|                |          | lculate the total average months after you file |                |                                                                        |                   | contrac                      | ctually du | ue to each secure        | d creditor in   |            |
|                |          |                                                 |                |                                                                        |                   |                              |            | verage monthly<br>syment |                 |            |
|                |          | Mortgages on your                               | home:          |                                                                        |                   |                              | •          |                          |                 |            |
|                | 33a.     | Copy line 9b here                               |                |                                                                        |                   |                              | →          | \$0.00                   |                 |            |
|                |          | Loans on your first                             | two vehicles   | :                                                                      |                   |                              |            |                          |                 |            |
|                | 33b.     | Copy line 13b here                              |                |                                                                        |                   |                              | →          | \$1,274.00               |                 |            |
|                | 33c.     | Copy line 13e here                              |                |                                                                        |                   |                              | →          | \$506.12                 |                 |            |
|                | 33d.     | List other secured de                           | ebts:          |                                                                        |                   |                              |            |                          |                 |            |
|                |          | of each creditor for secured debt               |                | Identify property to secures the debt                                  | iı                | Does pa<br>nclude<br>nsuranc | taxes or   |                          |                 |            |
|                | Greg     | g County Tax Coll                               | ector          | Homestead: 908                                                         | 3 Garden D        | oriv 🗹                       | No<br>Yes  | \$136.64                 |                 |            |
|                | Wells    | s Fargo Dealer Ser                              | vices          | 2014 Ford Focu                                                         | s                 | <b>-</b> ☑                   | No<br>Yes  | \$186.77                 |                 |            |
|                |          |                                                 |                |                                                                        |                   |                              | No _       | _                        |                 |            |
|                |          |                                                 |                |                                                                        |                   |                              | Yes        | ·                        | 1               |            |
|                | 33e.     | Total average month                             | ly payment. A  | Add lines 33a throug                                                   | gh 33d            |                              |            | \$2,103.53               | Copy total here | \$2,103.53 |
| 34.            |          | ny debts that you list<br>ssary for your suppo  |                |                                                                        |                   | dence, a                     | a vehicle  | e, or other prope        | rty             |            |
|                | _        | payments listed                                 | in line 33, to | ust pay to a creditor<br>keep possession of<br>le by 60 and fill in th | your propert      | ty (calle                    |            |                          |                 |            |
| Nan            | ne of th | ne creditor                                     | Identify pro   |                                                                        | Total cure amount |                              |            | Monthly cure amount      |                 |            |
|                |          |                                                 |                |                                                                        |                   | ÷                            | 60 =       |                          |                 |            |
|                |          |                                                 |                |                                                                        |                   | ÷                            | 60 =       |                          |                 |            |
|                |          |                                                 |                |                                                                        |                   | ÷                            | 60 = 4     | •                        |                 |            |
|                |          |                                                 |                |                                                                        |                   |                              | Total      | \$0.00                   | Copy total here | \$0.00     |

| Debto<br>Debto |        |             | bby Stoker<br>ephanie Carol Cook Stoker                                                                                                                                                                                                             | Case nur    | mber (if known) |                 |              |
|----------------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|-----------------|--------------|
| 35.            | alim   | ony -       | we any priority claims such as a priority tax, child support, or - that are past due as of the filing date of your bankruptcy case? § 507.                                                                                                          |             |                 |                 |              |
|                |        | No.<br>Yes. | Go to line 36.  Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.                                                                                   |             |                 |                 |              |
|                |        |             | Total amount of all past-due priority claims                                                                                                                                                                                                        |             | \$5,795.40      | ÷ 60 =          | \$96.59      |
| 36.            | For    | more i      | eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). information, go online using the link for Bankruptcy Basics specified in as for this form. Bankruptcy Basics may also be available at the bankruptcy                                  | •           |                 |                 |              |
|                |        | No.<br>Yes. | Go to line 37. Fill in the following information.                                                                                                                                                                                                   |             |                 |                 |              |
|                |        |             | Projected monthly plan payment if you were filing under Chapter 13                                                                                                                                                                                  | _           | \$2,851.29      |                 |              |
|                |        |             | Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alaba and North Carolina) or by the Executive Office for United States Trus (for all other districts). |             | x 9.6 %         | 6               |              |
|                |        |             | To find a list of district multipliers that includes your district, go online the link specified in the separate instructions for this form. This list malso be available at the bankruptcy clerk's office.                                         | •           | <b>X</b>        |                 |              |
|                |        |             | Average monthly administrative expense if you were filing under Cha                                                                                                                                                                                 | apter 13    | \$273.72        | Copy total here | \$273.72     |
| 37.            |        |             | the deductions for debt payment.<br>33e through 36.                                                                                                                                                                                                 |             |                 |                 | \$2,473.84   |
| Tota           | al Dec | ductio      | ons from Income                                                                                                                                                                                                                                     |             |                 |                 |              |
| 38.            | Add    | all of      | the allowed deductions.                                                                                                                                                                                                                             |             |                 |                 |              |
|                |        | •           | 24, All of the expenses allowed under IRS allowances                                                                                                                                                                                                |             |                 |                 |              |
|                | Cop    | y line      | 32, All of the additional expense deductions \$409.89                                                                                                                                                                                               |             |                 |                 |              |
|                | Cop    | y line      | 37, All of the deductions for debt payment+\$2,473.84                                                                                                                                                                                               |             |                 |                 |              |
|                | Tota   | ıl dedu     | suctions \$8,255.38 Co                                                                                                                                                                                                                              | opy total h | nere →          |                 | \$8,255.38   |
| Pai            | rt 3:  | D           | etermine Whether There Is a Presumption of Abuse                                                                                                                                                                                                    |             |                 |                 |              |
| 39.            | Calc   | ulate       | monthly disposable income for 60 months                                                                                                                                                                                                             |             |                 |                 |              |
|                | 39a.   | Cop         | py line 4, adjusted current monthly income \$10,043.47                                                                                                                                                                                              |             |                 |                 |              |
|                | 39b.   | Cop         | py line 38, <i>Total deductions</i> <b>\$8,255.38</b>                                                                                                                                                                                               |             |                 |                 |              |
|                | 39c.   |             | nthly disposable income. 11 U.S.C. § 707(b)(2). \$1,788.09 here                                                                                                                                                                                     |             | \$1,788.09      |                 |              |
|                |        | For         | the next 60 months (5 years)                                                                                                                                                                                                                        |             | x 60            |                 |              |
|                | 39d.   | Tot         | tal. Multiply line 39c by 60                                                                                                                                                                                                                        | 39d.        | \$107,285.40    | Copy<br>here →  | \$107,285.40 |

| Debtor 1<br>Debtor 2                                        |                         |         | Bobby Stoker Stephanie Carol Cook Stoker Case number (if known)                                                                                                                                  |                                           |                                              |  |  |  |  |  |  |
|-------------------------------------------------------------|-------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------|--|--|--|--|--|--|
| 40.                                                         | Find                    | d out v | whether there is a presumption of abuse. Check the box that applies:                                                                                                                             |                                           |                                              |  |  |  |  |  |  |
|                                                             |                         |         | ine 39d is less than \$8,175*. On the top of page 1 of this Part 5.                                                                                                                              | form, check box 1, There is no presu      | umption of abuse.                            |  |  |  |  |  |  |
|                                                             | ر کا                    |         | e line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. u may fill out Part 4 if you claim special circumstances. Then go to Part 5. |                                           |                                              |  |  |  |  |  |  |
|                                                             |                         | The I   | e line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.                                                                                                                     |                                           |                                              |  |  |  |  |  |  |
|                                                             |                         | * Sub   | Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.                                                                               |                                           |                                              |  |  |  |  |  |  |
| 41.                                                         | 41a.                    | A S     | in the amount of your total nonpriority unsecured debt.<br>tummary of Your Assets and Liabilities and Certain Statistic<br>ricial Form 106Sum), you may refer to line 3b on that form.           | cal Information Schedules                 |                                              |  |  |  |  |  |  |
|                                                             |                         |         |                                                                                                                                                                                                  | x .25                                     |                                              |  |  |  |  |  |  |
|                                                             | 41b.                    |         | 6 of your total nonpriority unsecured debt. 11 U.S.C. § tiply line 41a by 0.25.                                                                                                                  | 707(b)(2)(A)(i)(I).                       | Copy<br>here →                               |  |  |  |  |  |  |
| 42.                                                         | is enou                 |         | ne whether the income you have left over after subtracting all allowed deductions<br>In to pay 25% of your unsecured, nonpriority debt.<br>e box that applies:                                   |                                           |                                              |  |  |  |  |  |  |
| Line 39d is less than line 41b. On the top of Go to Part 5. |                         |         | <b>39d is less than line 41b.</b> On the top of page 1 of this form Part 5.                                                                                                                      | m, check box 1, <i>There is no presum</i> | otion of abuse.                              |  |  |  |  |  |  |
|                                                             |                         |         | <b>39d is equal to or more than line 41b.</b> On the top of pagernay fill out Part 4 if you claim special circumstances. Then                                                                    |                                           | is a presumption of abuse.                   |  |  |  |  |  |  |
| Par                                                         | rt 4:                   | G       | ive Details About Special Circumstances                                                                                                                                                          |                                           |                                              |  |  |  |  |  |  |
| 43.                                                         | -                       |         | ave any special circumstances that justify additional exre is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B                                                                                 | -                                         | monthly income for                           |  |  |  |  |  |  |
|                                                             | $\overline{\mathbf{Q}}$ | No.     | Go to Part 5.                                                                                                                                                                                    |                                           |                                              |  |  |  |  |  |  |
|                                                             |                         | Yes.    | Fill in the following information. All figures should reflect for each item. You may include expenses you listed in lin                                                                          |                                           | come adjustment                              |  |  |  |  |  |  |
|                                                             |                         |         | You must give a detailed explanation of the special circur adjustments necessary and reasonable. You must also gexpenses or income adjustments.                                                  |                                           |                                              |  |  |  |  |  |  |
|                                                             |                         |         | Give a detailed explanation of the special circumsta                                                                                                                                             | nces                                      | Average monthly expense or income adjustment |  |  |  |  |  |  |
|                                                             |                         |         |                                                                                                                                                                                                  |                                           | -                                            |  |  |  |  |  |  |
|                                                             |                         |         |                                                                                                                                                                                                  |                                           |                                              |  |  |  |  |  |  |
|                                                             |                         |         |                                                                                                                                                                                                  |                                           | -                                            |  |  |  |  |  |  |
|                                                             |                         |         |                                                                                                                                                                                                  |                                           |                                              |  |  |  |  |  |  |

| Debtor 1<br>Debtor 2 | Bobby Stoker<br>Stephanie Carol Cook Stoker                         | Case number (if known)                                        |  |  |  |  |
|----------------------|---------------------------------------------------------------------|---------------------------------------------------------------|--|--|--|--|
| Part 5:              | Sign Below                                                          |                                                               |  |  |  |  |
| By si                | gning here, I declare under penalty of perjury that the information | on this statement and in any attachments is true and correct. |  |  |  |  |
| •                    | s/ Bobby Stoker                                                     | ★ /s/ Stephanie Carol Cook Stoker                             |  |  |  |  |
| <i>^</i> \_          | obby Stoker, Debtor 1                                               | Stephanie Carol Cook Stoker, Debtor 2                         |  |  |  |  |
| D                    | ate 6/10/2019                                                       | Date 6/10/2019                                                |  |  |  |  |
|                      | MM / DD / YYYY                                                      | MM / DD / YYYY                                                |  |  |  |  |